

Finding My Voice: A Qualitative Exploration into the
Perceived Impact of Person-Centred Counsellor Training
upon Counsellors who were Adopted as a Baby.

C. Hannah Parkes

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Abstract

This small-scale qualitative study explores how qualified Person-Centred counsellors who were adopted as a baby perceived the impact of their Person-Centred counselling training. The study focused on the adoptees' experiences of adoption and how these influenced their experience of Person-Centred counselling training. Data was collected using semi-structured interviews from three qualified Person-Centred counsellors who were adopted as babies. The data was analysed using Interpretative Phenomenological Analysis to gain insight into how the participants made sense of their lived experience. The findings supported the difficulties associated with adoption which are present in existing literature and research but also placed an emphasis on the particular vulnerabilities associated with being adopted as a baby. The findings further highlighted the positive impact Person-Centred Counselling training had on the participants' personal development including: increased self-awareness, self-acceptance, identity development and having a voice. The findings confer implications for clinical practice in understanding the experience of adoptees who were adopted as a baby as well as the significant aspects of Person-Centred counselling training which facilitated the participants' positive self-development. The links made between adoption and Person-Centred training are an original area of research and are worthy of further exploration. They elucidate the healing aspects of the approach and offer hope in overcoming human adversity.

Declaration

The material being presented for examination is my own work and has not been submitted for an award of this or another HEI except in minor particulars which are explicitly noted in the body of the dissertation. Where research pertaining to the dissertation was undertaken collaboratively, the nature and extent of my contribution has been made explicit.


I confirm that this dissertation is entirely my own work

Signed:

A handwritten signature in black ink, appearing to read 'CH Parkes', with a stylized flourish at the end.

Charlotte Hannah Parkes

Dated: October 2019



**Most people take their
blood relatedness for
granted as much as the air
they breathe.**

(Lifton, 1994)

Dedication

In memory of Hannah G

∞

Acknowledgements

I would like to express my heartfelt thanks to the following people, without whom this research wouldn't have been possible:

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Abbreviations

BACP	British Association for Counselling and Psychotherapy
IPA	Interpretative Phenomenological Analysis
PCT	Person-Centred Theory
PCA	Person-Centred Approach
UPR	Unconditional Positive Regard
PD	Personal Development

Note

- The terms self-development and personal-development are used synonymously throughout this research.
- Attributed quotations from:
 - Chapter 1, participant quote
 - Chapter 2, (Chalmers, 1810, p. 638)
 - Chapters 3, 4, 5 & 6 were retrieved from:
<https://www.goodreads.com/quotes/tag/self-discovery>

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Chapter 1: Introduction

*“Adoption is such a cruel mistress...
there is so much where I have this special secret because
until I tell you, you don’t know and it’s great and it’s this special group
and then urggh it’s horrible and it’s ugly”
- Ruth*

1.1 A Personal Context

This research was inspired by the personal experience of self-development encountered whilst undertaking Person-Centred counselling training. Being adopted as a baby was a personal issue predominately unexamined prior to starting the course. The training facilitated self-awareness which promoted the exploration of feelings/experiences associated with the researcher’s adoption. A particular set of vulnerabilities were noticed which were initially believed to be individual. However, during the course, and inspired by various assignments and exercises, it was discovered that these difficulties were also prominent in adoption research and literature. Crucially, the specific areas struggled with were the same areas important to develop and enhance whilst training to become a Person-Centred counsellor. Although painful at times, the ‘process’ was ultimately profoundly meaningful and validating, inspiring research into the experiences of other trainees adopted as a baby. As Carl Rogers describes “what is most personal is most general” (Rogers, 1961, p. 26). Whilst it could be argued that the researcher’s adoption and experience creates biases, the researcher’s subjective interpretations can also be seen as “strengths or even preconditions of the research” (Flick, 2010, p. 207).

1.2 The Focus of the Research

Adoption does not involve the baby/child in isolation; birth parents and adoptive parents are also involved. Sorosky, Baran and Pannor (1984) term this relationship 'the adoption triangle'. Finlay (2011) conceptualises a 'triadic loss': a sense of loss for the birth and adoptive parents as well as the child. Whilst other parties are involved and impacted by adoption, this small-scale research project focuses solely on the experiences of those adopted as a baby and the situations encountered during their Person-Centred counselling training. There is an abundance of data collected about attitudes towards adoption from the perspectives of birth parents, adoptive parents and social workers but the field lacks research into how adoptees think and feel about their adoptions (Hawkins, Beckett, Castle, Groothues, Sonuga-Barke, Colvert & Rutter, 2007).

1.3 Research Question

- How does Person-Centred counselling training impact counsellors who were adopted as a baby?

This question allows for the qualitative analysis of peoples' phenomenological experience of Person-Centred training and how it links to their adoption. It also allows for an exploration of adoption through a 'Person-Centred lens', covering every aspect of the adoptee's training from self-development and experiential activities to learning about theory, understanding human development and research for assignments.

1.4 Research Aims

The theory underlying this research is that adoptees may confront difficulties related to their adoption during their training to become a Person-Centred counsellor. The research aims to discover:

- How qualified Person-Centred counsellors who were adopted as a baby experienced their Person-Centred counselling training
- Whether, and in what ways, Person-Centred training impacts upon the personal development of those who were adopted as a baby.
- The nature of this impact and how it was managed.

1.5 Potential Value of Research

The number of babies adopted in England each year is growing; from 180 in 2014 to 310 in 2018 (The Department for Education, Appendix 1). Therefore, an increased understanding of the needs and experiences of those adopted as a baby would be beneficial. “Little has been written about the consequences which might ensue as a result of the original separation from the biological mother” (Verrier, 2012, p. 31). There is a need for more research in this area. Over the last thirty years, adoption research has focused on the ‘psychosocial adjustment’ of adoptees during childhood and adolescence (Rosnati, Montiroso & Barni, 2008; Van IJzendoorn & Juffer, 2006). The lack of research may be “because adoptees seem to display similar abilities to function and appear normal in society” (Sexton, 2013, p. 5). Adult adoptees become invisible within society and there is little known about their perspective on their own experience (Kowal & Schilling, 1985). “Adoptees are so good at observing others in order to figure out how to be that they call themselves chameleons” (Verrier, 2012, p. xvi). This ability might be useful whilst growing up but it has serious implications for an adoptee’s self-

development and understanding, especially if the adoptee is working towards becoming a Person-Centred Counsellor.

The original perspective of this research confers the validity of the empirical nature of this study (Flick, 2010). Contributing to professional knowledge is an important part of this research “enhancing our professional knowledge and providing an evidence-base for practice in ways that benefit our clients” (BACP, 2018, Good Practice Point 84). In addition, it is hoped for this research to inspire further study in this area (Li & Liu, 2014).

1.6 Structure of Dissertation

Chapter one has explained the aims, objectives and rationale. Chapter two reviews relevant literature and research. Chapter three describes the methodology, research method and data analysis. Chapter four presents the findings and chapter five frames these findings within the context of the existing literature. Chapter six draws conclusions from the research.

Chapter 2: Literature Review

“When man with reason dignify'd is born, no images his naked mind adorn”
- Richard Blackmore

2.1 Introduction

With an original area of study that combines two different areas of research, the literature review was approached methodically by focusing on the component parts of the research question (Shaw, 2012). This meant concentrating on adoption and Person-Centred training separately in the first instance, then, uniting the topics to give a comprehensive view of this new field (Silverman, 2010).

This literature review is not exhaustive. It followed the guidelines laid out by Smith, Flowers and Larkin (2009) who suggest with an IPA study, the review is shorter and more evaluative than with other research approaches. It aims to introduce the topics pertinent to this research and critically outline the key contributions to the fields (Smith, Flowers & Larkin, 2009).

2.2 Literature Search Overview

During the literature search, the originality of this research became apparent. No existing literature could be found which included both ‘adoption’ and ‘Person-Centred’. Whilst this was exciting and promoted the value of the study, it made the literature search less straightforward. Consequently, the search was broken down into its constituent parts and each part searched separately. Table 1 was devised to aid clarity:

Table 1: Clarification of the Research Focus		
General Focus	Specific Focus	
Adoption.	Adopted as a baby.	Impact of adoption.
Person-Centred Approach.	Person-Centred Training.	Skills and qualities required to be a Person-Centred counsellor.

A detailed search strategy is included in the appendices (Appendix 2). Published research and theoretical literature was sought in the following places:

Table 2: Key Databases and Types of Research	
Key Database	Type of Research/Literature
University of Chester Library	Physical books eBooks Online and physical journal articles
PsychINFO	Online journal articles
CINAHL Plus with Full Text (EBSCO)	Online journal articles
Google Scholar	Online journal articles
Amazon, Ebay & Abebooks	Physical books

2.3 Adoption

2.3.1 Defining Adoption

The word ‘adoption’ encompasses both personal and legal commitments. Whilst the legal definition can be simply described as “the method provided by law to establish the legal relationship of parent and child between persons who are not so related by birth” (Hoopes, 1982, p. 11), this is not the whole picture and does not acknowledge the complex nature of the personal issues associated with adopting a child. Adoption involves “a distinctive constellation of emotional forces” (Hindle & Schulman, 2008, p. 1). Adoption “tends to arouse strong emotions because of its potentialities for happy or tragic outcomes” (Fratter, Rowe, Sapsford & Thoburn 1991, p. 13). Those involved with adoption realise that it isn’t just a ‘legal procedure’, concluded by signatures on documents; “adoption is a life-long and complex process, which results in myriad issues to work through” (Verrier, 2012, p. 178). Watson (1994) offers a fuller definition: “adoption is a means of meeting the developmental needs of a child by legally transferring ongoing parental responsibility from birth parents to adoptive

parents, recognising that in the process we have created a new kinship network that forever links these two families together through the child who is shared by them both” (Watson cited in Triseliotis, Shireman & Hundleby, 1997, p. 2). This definition acknowledges the *ongoing* significance of both the adoptive and biological families in the child’s life.

2.3.2 Society and Adoption

Adoption is not ‘new’; “references to adoption may be found in the Bible and in the ancient codes, laws, and writings of Babylonians, Chinese, Egyptians, Hebrews and Hindus” (Sokoloff, 1993, p. 17). “Historically adoption was primarily a vehicle for meeting the needs and interests of adults and society in general” (Brodzinsky, Smith & Brodzinsky, 1998, p. 2). Despite this, it took until 1926 for *The Adoption of Children Act* to ‘legalise’ adoption in Britain (1930 in Scotland). The 1926 Act states that an adopted child shall be treated “as though the adopted child was a child born to the adopter” (*The Adoption of Children Act, 1926*, Section 5:1). Fifty years later, and the *Adoption Act of 1976* is remarkably similar, stating “an adopted child shall...be treated in law as if he were not the child of any other person other than the adopters or adopter” (*Adoption Act, 1976*, Section 39:2). Indeed, the wording of the present-day *Adoption and Children Act* has not changed significantly stating “an adopted person is to be treated in law as if born as the child of the adopters or adopter” (*Adoption and Children Act, 2002*, Section 67:1). These Acts “support a construction of adoption that denies the ongoing significance of birth family members in children’s lives. Legislation perpetuates the fiction that adopted children have no other family than their adoptive family” (Smith & Logan, 2004, p. 15). This has also been recognised by the Law Commission of New Zealand who find this legislation “a repugnant and an unnecessary distortion of reality” (Law Commission of New Zealand, 2000, p. 43-44).

In the 1970s adoption was “commonly thought to be the perfect solution to a myriad of problems” (Rosenburg, 1992, p. 1). Brodzinsky, Schechter & Henig (1992) identify that “as recently as a generation ago, being adopted seemed no different from being born into the family that raised you” (Brodzinsky et al, 1992, p. 7). The family is a social construct and adoption is “society’s ability to engineer happy outcomes for children” (Smith & Logan, 2004, p. 1). Cole and Donley (1990) recognise that “because adoption is a social construction, it is value laden and shaped by cultural forces” (Cole & Donley in Brodzinsky & Schechter, 1990, p. 273). Verrier (2003) states that “deeply embedded in our culture is the belief that adoption is an altruistic act – that adoption rescues children from a terrible fate” (Verrier, 2003, p. 462). However, research suggests that the needs of the child are not always the predominant consideration in adoption. Lowe et al (1999) researched the motivation for adoption and found that 96% of mothers adopting a child under six months cited infertility as the main factor influencing their decision. There is a difference between loving a baby in its own right and loving the void of infertility that the baby fills. “Love based on a mother’s own gratification at having a child to raise, rather than empathy for the child’s inner struggle to cope with the mysteries of his existence, is not enough. It may not even be love” (Lifton, 1994, p. 18). Regardless of the motivating factors “adoption is a second choice for everyone” (Phillips, 2008, p. 2). “There is a crisis whose resolution is adoption” (Sexton, 2013, p. 6).

2.3.3 Adoption Stories

2.3.3.1 Secrecy and Lies

Research demonstrates that adoptees are frequently told stories which include ‘untruths’ to avoid the emotional pain of adoption (Krueger & Hanna, 1997; Brodzinsky et al, 1992; Lifton, 1994; Schooler, 1995). Clinicians have found that ‘telling’ about adoption can result in little or

no response from the adoptee (Sorosky et al 1984; Verrier, 2012). For some, this suggested that adoptees are unaffected by the news and don't need to be 'told' (Donovan & McIntyre, 1990). However, further research which probed the experience of adoptees, uncovered pervasive feelings of 'difference' and not 'fitting in' (Verrier, 2012; Verny & Kelly, 1982). Therefore, 'not telling' or creating stories does nothing to promote a positive relationship between the adoptee and adoptive parents; "it gives an air of unreality and dishonesty to the relationship" (Verrier, 2012, p. 8). Wickes (1991) warns against this, postulating that children are 'creatures of intuition and sensation'. Babies already 'know' about their adoption, they were there and a lack of acknowledgement regarding this fact deprives children of a context to support them in understanding their feelings (Verrier, 2012). "Adopted children who don't feel just like children who were born into their families may wonder if they are deviant or dysfunctional" (Robertson, 2001, p. 76). Secrecy and lies compromise an adoptee's ability to trust themselves (Brodzinsky, 1990; Brodzinsky et al, 1998; Hjal & Rosenberg, 1991; Hoopes, 1990; Mackie, 1982; McRoy, Grotevant & Zurcher, 1988; Modell, 1994; Norvell & Guy, 1977; Rosenberg & Horner, 1991; Sharma, McGue & Benson 1996). Robertson (2001) also suggests that secrecy possesses a sense of deviancy which has implications for the adoptee's ability to "show who they are and find true acceptance" (Robertson, 2001, p. 76). Adoptees are forced to accept the culture of their adoptive family to gain a sense of belonging, no matter how distorted or strange this seems (McColm, 1993; Sorosky et al, 1984). A longing to belong is a common theme for adoptees (McColm, 1993).

2.3.3.2 Communication Issues

The word adoptee resonates with some of the deepest existential crises of life: “connection, identity and meaning” (Krueger & Hanna, 1997, p. 195). These issues are not unique and will impact most people at some point in their lives (Frankl, 1984; Josselson, 1992; Yalom, 1980). However, secrecy and a lack of open communication about their adoption intensifies these crises for adoptees (Lifton, 1994). Talking about ‘adoption’ and ‘birth parents’ is a difficult experience for both the child and adoptive parents (Alexander et al, 2004; Harrigan, 2010). Therefore, discussion is limited and “children privately try to make sense of what is often a very confusing situation for them as well as an emotionally complex one” (Hodges, 1984, p. 47). Research has found that open and honest communication is important for the adoptee throughout their life (Brodzinsky & Pinderhughes, 2002; Wrobel, Kohler, Grotevant & McRoy, 2003; Lichtenstein, 1996). A lack of openness unintentionally causes adoptees to struggle with deciphering reality from fiction (Rosenberg & Horner, 1991). Implicit messages from family and society compound the adoptee’s struggle for open communication further. Children who are taught to feel ‘thankful’ for their adoption may have significant difficulty discussing topics which suggest they are not grateful or loyal to their adoptive family (Reitz & Watson, 1992). In addition, accepted societal ‘norms’ convey the inferiority of adoption (Goffman, 1963). For example; ‘blood is thicker than water’.

2.3.3.2.1 False Self

Due to the complex issues impacting open communication, the message received by the adoptee is one where conditional love is offered (Lifton, 1994). Research described this as ‘being and not being’ and a sense that biological exploration is prohibited (Bianchedi, Bianchedi, Braun, Pelento & Puget, 1997). Alone in this environment the child feels they have

no choice but to embrace their adoptive family and they abandon their 'real self' (Lifton, 1994). In her work which focused on human growth, Horney (1950) acknowledged the serious and life-changing impact of abandoning the 'real self'. By abandoning their 'real self' adoptees create a 'false self'. Adoptees become "people pleasers, constantly seeking approval [to the outside world they appear] very co-operative, polite, charming and generally good. But locked inside is the pain and fear...[of] the unacceptable baby" (Verrier, 2012, p. 27). Adoptees are compliant and work hard to maintain this 'good' false self (Lifton, 1994; Verrier, 2012). In her interviews with adoptees Dennis (2014) quotes one adoptee who described "I would go to extreme lengths and measures contorting myself into any shape or form I could to make certain I was acceptable in everyone's eyes. Having no sense of self or where I belonged" (Dennis, 2014, p. 14). In this way, the adoptee becomes a chameleon (Dennis, 2014; Verrier, 2012).

2.3.3.3 'Chosen' and 'Special'

Historically, advice to adoptive parents has encouraged them to tell adoptees that they are 'chosen' and consequently 'special' (Raymond, 1955; Rondell & Michaels, 1951). However, Kirk (1964) asserted that adoption inevitably includes a level of 'role handicap' and talking about babies being 'chosen' and parents being 'lucky' is simply an effort to deny this. There are a limited number of large studies which seek to discover how adoptees felt about being adopted. A study of 100 adult adoptees found: 35.45% reported feeling chosen or special; 25.45% reported feeling worried or insecure; 17.27% reported feeling embarrassed or uncomfortable. Many also reported contradictory emotions, feeling both 'special' *and* 'worried and insecure' (Kowal & Schilling, 1985).

2.3.4 Adopted as a Baby

The idea of a blank-slate baby is not new. First postulated by Locke (1690) it is the belief that a baby comes into this world as an 'empty vessel'. This has been a convenient assumption for many associated with adoption who give no significance to biological factors. However, research shows crucial development occurs prior to birth, and the emotions felt during pregnancy and birth also impact the baby (Verny & Kelly, 1982; Verrier, 2012; Brodzinsky et al, 1992; Lifton, 1994; Rosenberg, 1992; Hindle & Schulman, 2008). "The child who is placed with his adoptive parents soon after birth misses the mutual and deeply satisfying mother-child relationship, the roots of which lie in that deep area of the personality where the physiological and psychological are merged" (Clothier, 1943, p. 223). From birth and even at conception, the baby is unique and has its own individual characteristics; they are not a 'blank-slate' (Schofield & Beek, 2006).

2.3.4.1 Preverbal Feelings

There is a wealth of information and research into the prenatal experiences of babies (Verny & Kelly, 1982; Chamberlain, 1988; Deeg, 1989; Wolynn, 2017; Papalia, Olds & Feldman, 2007; Santrock, 2008; Lou, Hansen, Nordentoft, Pryds, Jensen, Nim & Hetnmingsen, 1994; O'Rahilly, 1977; Brodzinsky et al, 1992). Research acknowledges that the unborn child is a "feeling, remembering, aware being" (Lifton, 1994, p. 31). However, in adoption there is a reluctance to recognise this fact and that separation from the birth mother could profoundly impact the baby (Verrier, 2012). A lack of memory does not reduce the significance or influence of the experience; the baby's 'hidden' relationship with its mother *is* the origin of the self (Deeg, 1989). A baby who does not consciously remember their adoption is not less impacted by it; "it happened before they had words to describe it (preverbal) and is,

therefore, almost impossible to talk about” (Verrier, 2012, p. 9). Verrier (2012) also makes a distinction between ‘feeling’ and ‘understanding’ adoption. She describes the pervasive nature of these feelings and how a child often *feels* rejected despite understanding the reasons for their adoption. Her personal experience and many years of work with adoptees has led her to recognise that these “feelings are those of a new born baby...the baby just feels abandoned...and that abandoned baby lives inside each and every adoptee all his or her life” (Verrier, 2012, p. 20).

2.3.4.2 Trauma

Hindle and Schulman (2008) describe the traumatic impact of adoption on babies whose stress is ‘less visible’; “unregulated stress in babies will be liable to create a change in brain function equivalent to the impact of disastrous terror in an older child or adult” (Hindle & Schulman, 2008, p. 92). The trauma of a baby is compounded by the lack of a ‘pre-traumatic self’ because they have yet to form a ‘self’ from whom they can draw strength (Lifton, 1994). “There has been a general assumption...that if a relinquished child is placed with adoptive parents early enough, he will not experience separation trauma...that if an adoptive couple loves a child enough, he will be fine” (Verrier, 2012, p. 174). Many studies document the emotional and developmental difficulties associated with adoption (Lyles & Homeyer, 2015; Feigelman, 2001; Wydra, O'Brien & Merson, 2012; Wieder, 1978). However, contrasting research is also important to note. In a recent study, Paniagua, Moreno, Rivera and Jiménez-Iglesias (2019) found adopted and non-adopted adolescents to be more similar than different. “The earlier in life a child becomes a part of a family, the more deeply can that family become a part of that child” (Clothier, 1943, p. 224).

2.3.4.3 Attachment Issues

Attachment theory was first proposed by Bowlby (1973, 1980, 1982, 1998). This is a child development theory concerned with how children develop in relationships, the pervasive impact this has on their social and emotional development and how this then impacts a child's cognitive development. It sees birth and the first relationships a child forms as critical for their later life (Golding, 2008; Schofield & Beek, 2006). From birth, the baby is "processing information about their environment and attempting to make sense of the world around them" (Schofield & Beek, 2006, p. 31). Relationships are recognised as "crucial to healthy human development" (Greenberg, 2014, p. 356). Babies require strong, predictable relationships from which exploration of their world is possible. Bowlby termed this a 'secure base' (Bowlby, 1973, 1980, 1982, 1998). These relationships are called *secure attachments* through which a baby learns to recognise and regulate their emotions (Fonagy, 2001; Hart, 2011; Siegel, 2012). A wealth of research indicates that attachment style is related to the ability to regulate emotions and mental health disorders (Borelli, Crowley, David, Sbarra, Anderson & Mayes, 2010; Dozier, Stovall-McClough & Albus, 2008; Marganska, Gallagher & Miranda, 2013). Those adopted as a baby are deeply impacted by their separation from their birth mother. At just a few weeks old, expectations are placed on them to seamlessly attach to their adoptive parents (Sorosky et al, 1984; Rosenberg 1992; Krueger & Hanna, 1997; Verrier, 2012). Affected by their early losses, a significant number of adoptees struggle to establish secure attachments (Howe, 1998; Feeney, Passmore, & Peterson, 2007). These attachment patterns continue into adulthood (Mikulincer, Shaver, Bar-On & Ein-Dor, 2010). Attachment issues derived through unresolved loss and trauma as infants can lead to anger, fear of rejection and the tendency to dissociate in adults (Schofield & Beek, 2006).

2.3.5 Identity Development

Literature and research about adoptees consistently recognises the distinct and often intense struggles around identity formation. Research proposes that adopted children follow a different developmental path to children raised by their biological parents (Anthony, Brinich, Brodzinsky, Goodrich, Hajal & Schechter, 1989; Brinich, 1980; Kirk, 1964; Nickman, 1985 a, b; Schechter, 1964; Sorosky et al 1984; Stein & Hoopes, 1985) and are more vulnerable to identity problems (Sorosky et al, 1975; Higgs, 1993; Côté, 2009). Erikson (1959/1968) completed a substantial body of work which focused on identity development. He suggested that identity formation is a complex process requiring continuity between society's past and future and this process is further complicated for adoptees whose ancestry is unknown. "Forming a sense of identity for adoptees is complicated by gaps and contradictions in autobiographical knowledge. It is difficult to establish a sense of self when one lacks information about the beginnings of life and the foundations of family relationships" (Fitzhardinge, 2008, p. 58).

2.3.5.1 Fantasies and Family Romance

The 'family romance' fantasy (Freud, 1909/1959) relates to the psychological development of children. Freud postulated that children develop 'family romances' in which they are really the children of parents who have a more powerful status. This functions to resolve and accept disappointments with their actual parents (Freud, 1909/1959; Freud, 1942/1973). These fantasies are more problematic and difficult to resolve in adopted children. Adoption significantly influences the functioning of a child's cognitions and fantasy life (Nickman, 1985). In classic family romances, biological parents are diminished and the adoptive parents are exalted (Blum, 1983). Adopted children however, denigrate both parents. Research found

that 19% of adoptees imagined their adoptive parents more than several times a week and this increased in adolescence to 25% (Kowal & Schilling, 1985). These fantasies can become concrete descriptions of mythical people (Weider, 1978). Rosenberg and Horner (1991) suggest the fantasies of adoptees are different to the 'family romances' described by Freud (1909/1959). They are based on "shards of factual information about the children's pasts" (Rosenberg & Horner, 1991, p. 71). A mix of fact and fantasy is an attempt by the adoptee to understand themselves but this compounds their "struggle to develop a cohesive and realistic sense of who they are and who they can become" (Rosenberg & Horner, 1991, p. 71). The lack of biological knowledge and open communication requires the adoptee to "construct their own stories about their genetic roots, conception, prenatal life, and birth...The facts are harsh and painful. The process of explaining related fantasies is a conflict-ridden process" (Rosenberg & Horner, 1991, p. 77). Fantasies are often the motivating force behind searches for biological parents (Lifton, 1994; Sorosky et al, 1975). Fantasies can continue into adulthood if a resolution is not found (Rosenberg & Horner, 1991; Lifton, 1994; Verrier, 2012; Brodzinsky et al, 1992; Treacher & Katz, 2000).

2.3.5.2 Feeling 'Different'

Goffman (1963) asserts that people manage their difference by trying to be as 'normal' as possible. This idea has been related to the experience of adoption (Kline, Karel & Chatterjee, 2006). Baden (2017) identified that there are stigmas associated with adoption which adoptees attempt to hide. Successful adoptive parenting involves emotionally acknowledging (rather than denying) the difference associated with adoption (Kirk, 1964). Failure to do so could "limit the adopted person's potential for reaching full identity integrity and resolving identity issues" (Treacher & Katz, 2000).

The term genealogical bewilderment was first used by Wellisch (1952). He studied adoptees who experienced a significant amount of stress and found genealogical bewilderment a key cause. "A genealogically bewildered child is one who either has no knowledge of his natural parents or only uncertain knowledge of them. The resulting state of confusion and uncertainty...fundamentally undermines his security and thus affects his mental health" (Sants, 1964, p. 133). This concept is a key loss for adoptees who are surrounded by others who share similar characteristics (Lifton, 1988). Genealogical bewilderment is still recognised today as a difficulty associated with adoption (Brodzinsky et al, 1992; Lifton, 1988, 1994; Brodzinsky & Schechter, 1990; Hertz, 1998). However, Humphrey and Humphrey (1986) found that genealogical bewilderment was not a key factor in the searching motivation of the adoptees they studied.

2.3.6 Acceptance and Intimacy

Adoptees can struggle with self-acceptance as they internalise the possible reasons for their adoption (Triseliotis et al, 1997; Lifton, 1994). The absence of a positive identity can complicate matters further because adoptees lack "a feeling of being at home in one's body, a sense of 'knowing where one is going,' and an inner assuredness of anticipated recognition from those who count" (Erikson, 1968, p. 165). Adoptees can feel that, due to their adoption, they were an unacceptable mistake and may wonder for a lifetime if they were 'bad' and deserved abandonment (Rosenberg & Horner, 1991). "A sense of rejection undermines a children's sense of self-esteem and self-worth" (Treacher & Katz, 2000, p. 88).

Separation from their birth mother has a lifelong impact upon adoptees (Schofield & Beek, 2006; Brodzinsky et al, 1992). An adoptee's first relational experience is the loss of their

mother which can make them question all relationships because the baby learns the world is not safe (Verrier, 2012). “Trust, the cornerstone of relationships, is destroyed...connection or intimacy is experienced as the precursor to abandonment and must be avoided at all costs” (Verrier, 2003, p. 17). Our first sense of ‘home’ is with the woman whose body we grew inside (Dennis, 2014). For an adoptee, losing this most intimate relationship is an experience of disconnection with the world (Dennis, 2014). Herman (1997) in her work with trauma victims identified both a ‘need’ and ‘fear’; a yearning for intimacy accompanied by an intense fear of connection. “A Person has to have a good sense of self to be secure enough to get close to another” (Lifton, 1994, p. 115). This is a struggle for adoptees who have pretended to be a biological member of the family despite knowing deep down they are not. Lifton (1994) in her work with adoptees, found that they had similar feelings and experiences. One adoptee commented “I spent my whole life trying to act like real people do” (Lifton, 1994, p. 115). This lifetime of pretending makes forming ‘real’ relationships difficult and distancing techniques are employed by adoptees to avoid intimacy for fear if the ‘true-self’ is known, rejection is likely to follow (Verrier, 2003, 2009; Lifton, 1994; Dennis, 2014; Brodzinsky et al, 1992).

2.3.7 Grief and Loss

Grief and loss are intrinsic to adoption and a vast topic within adoption literature and research. Every book about adoption seems to discuss this issue to a greater or lesser extent. The struggle facing adoptees, specifically those who were adopted as a baby, is the lack of acknowledgement and understanding they have of their grief (Nickman, 1985; Miller-Havens, 1996). Another difficulty facing the person adopted as a baby is that loss is recognised retrospectively; it can only be understood after the event (Nickman, 1996). This loss is then partially ‘relational’ and partially ‘narcissistic’ (Nickman, 1996). Brodzinsky et al (1992) in their

clinical work described adoptees recounting similar experiences: a pervasive feeling of longing and wondering. They identified that “much of what is described as pathological in an adoptee’s behaviour is little more than the unrecognised manifestation of an adaptive grieving process” (Brodzinsky et al, 1992, p. 11). Hajal and Rosenberg (1991) also made an association between grief with longing. They identified that adoptees expressed a sense of trying to obtain or recapture something that never was. In research focused on loss and adoption, it was found that adoption involves “losses, risks and deprivations which affect the development of personality” (Nickman, 1985, p. 365). He defined three different types of loss related to adoption: overt, status and covert. Overt losses are concerned with the loss of the biological family, status losses are related to a difference in appearance but covert losses are the most insidious. They encompass the knowledge of having been relinquished which impacts an adoptee’s self-esteem. In summary, he states that adoptees have a need to mourn (Nickman, 1985). For some adoptees, issues of loyalty may prevent them from discussing their feelings of loss (Demuth, 1993; Reitz & Watson, 1992; Rosenberg, 1992).

Recent research found the risk of suicide was significantly higher for adoptees and suicide attempts were four times more likely for adoptive adolescents in comparison with biological teenagers (Morgan, 2017). It was asserted that this was due to the “underlying nature of adoption, which can involve a pervasive sense of grief and loss for the adoptee. Unresolved anger and sadness from feelings of abandonment—especially when transitioning to adolescence—can cause a seemingly functional child to dissociate through self-harm and eventually demonstrate suicidal behaviour” (Morgan, 2017, p. 302).

2.3.8 Adult Adoptees

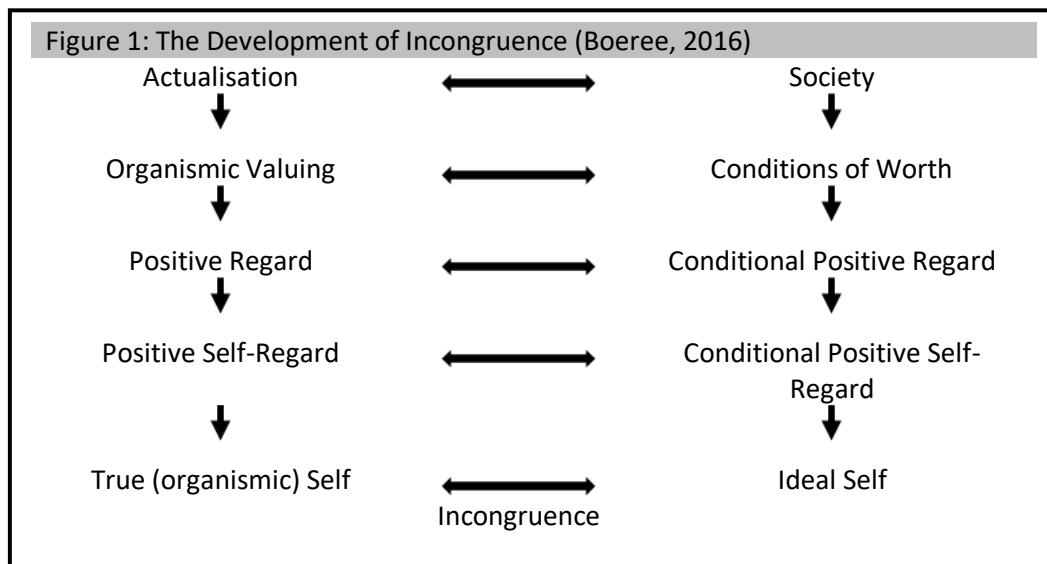
Adulthood plays a significant role for adoptees in their identity and social development including the formation of intimate relationships (Greco, Rosnati & Ferrari, 2015). Existing research documents that adult adoptees have an increased risk of developing a mental health disorder and lower psychological well-being (Cubito & Obremski Brandon, 2000; Cantor-Grace & Pedersen, 2007; Feeney et al, 2007; Hjern, Borczykowski, Lindblad & Vinnerljung, 2006; Levy-Shiff, 2001; Passmore, Fogarty, Bourke & Baker-Evans, 2005; Passmore, Feeney, Peterson & Shimmaki, 2006; Tieman, Van der Ende & Verhulst, 2005). Other studies found no differences in mental health problems between adopted and non-adopted adults (Borders et al, 2000; Feigelman, 2001; Irhammar & Bengtsson, 2004; Kelly, Towner-Thyrum, Rigby & Martin, 1998; Smyer, Gatz, Simi & Pedersen, 1998). However, Kowal & Schilling (1985) identified that “adopted adults become invisible within the general population and very little is known about their perspective on their own experience” (Kowal & Schilling, 1985, p. 354).

2.4 Person-Centred Theory

The Person-Centred approach is based on the work by Carl Rogers (1951). The approach assumes a positive view of human nature, seeing individuals as “social, creative and constructive” (Merry, 2014, p. 19). For clarity, the main concepts fundamental to the approach are defined in Table 3 and adapted from Twigg (2012).

Table 3: The Main Concepts of the Person-Centred Approach	
Concept	Definition
Self-actualising tendency	The human motivation for growth and development.
Organismic valuing process	An internal system of which evaluates our experiences.
Self-concept	An idea of the ‘self’ formed from the beliefs held about oneself and the responses from others.
Organismic-self	Our true self.
Conditions of worth	The conditions we think we need to achieve to ensure that we receive love and acceptance (or positive regard) from others.

The organismic-self and the self-concept are separate. People may lose contact with their organismic-self depending on their environment and the messages they receive. If an environment is not nurturing, the distance between the organismic-self and self-concept may grow as the self-concept strives to please and be liked. In doing so, a person becomes incongruent and loses their sense of authenticity. The diagram below illustrates how an ‘ideal self’ develops from the impact of a society (or environment) at odds with the actualising tendency and the influence of conditions of worth which don’t match with our organismic valuing. The ‘ideal self’ is a standard set so high that it’s impossible to achieve.



2.4.1 Person-Centred Counselling

Incongruence causes suffering and may prompt a person to seek counselling. Person-Centred counselling is more than skills and techniques (Mearns & Thorne, 2013). In this way it is different to other types of counselling. It is an “approach...a psychological posture, a way of being from which one confronts a situation” (Wood, 1996, p. 163). Although the approach relies on attitudes and qualities, Rogers (1957) also identified six conditions which he termed

‘necessary and sufficient’ for the possibility of therapeutic growth and personality change to occur (Appendix 3).

2.4.1.1 The Therapeutic Relationship

At the heart of Person-Centred practice is the therapeutic relationship (Mearns & Thorne, 2013; Merry, 2014; Tolan, 2012; Casemore, 2006; Wilkins, 2016; Kifer, Heller, Perunovic & Galinsky, 2013). It is within this relationship that the six conditions are offered by the therapist and received by the client. Mearns and Cooper (2005) outline the healing power of relationships. Research has found significant links between the therapeutic relationship and outcomes of therapy and recommends practitioners to “make the creation and cultivation of a therapy relationship...a primary aim in the treatment of patients” (American Psychological Association, Steering Committee, 2002, p. 442). The qualities of a therapeutic relationship are “warmth, compassion, openness, and respect toward the client’s experience, caring for the client as a separate person, with permission to have his or her own feelings and experiences” (Greenberg, 2014, p. 356). Mearns and Cooper (2005) suggest, given the pain caused by negative or abusive relationships, it seems logical that relationships also have the potential to heal people. Outcome research in psychotherapy frequently indicates that positive outcomes are based on a strong therapeutic relationship (Horvath, Del-Re, Flückiger & Symonds, 2011; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins & Pilkonis, 1996).

2.4.1.2 Relational Depth and Intimacy

Once a satisfactory therapeutic relationship has been established, it offers the potential for a deeper encounter with the client. This quality is called relational depth, defined as “a state of profound contact and engagement between two people, in which each person is fully real

with the other, and able to understand and value the other's experiences at a high level" (Mearns & Cooper, 2005, p. xii). Thorne (1991) recognised relational depth as moments of 'tenderness' within sessions; others identified moments of profound feelings of connectedness and relating (Friedman, 1985; Stern, 2004). Research into the process of the therapist identified 'transparency, immersion and feeling grounded' as significant to achieving relational depth (Geller & Greenberg, 2002). In addition, therapists reported "high levels of empathy, acceptance and genuineness towards clients" (Cooper, 2005, p. 18). However, Mearns and Schmid (2006) identified that working at relational depth presented challenges for the therapist. There are ambivalent feelings towards intimate relationships; people both fear and value them (Mearns & Cooper, 2005). The ability to work at relational depth is an important part of Person-Centred counselling, and relational depth is one of the best predictors of therapeutic outcomes (Cooper, 2005).

2.4.1.3 The Core Conditions

Of Rogers' (1957) six 'necessary and sufficient' conditions (Appendix 3), three have been given more attention. Conditions 3, 4 and 5 are recognised as the 'core conditions'. This does not lessen the importance of the other conditions, rather, the core conditions are "attributes or attitudes to be integrated in the counsellor" (Casemore, 2006, p. 8). Therapeutic change at relational depth requires "blending together of high degrees of the three core conditions of empathy, unconditional positive regard and congruence" (Mearns, 2003, p. 8). Figure 2 offers a visual depiction of the core conditions and their relation to therapeutic change. Table 4 describes the core conditions in more detail outlining their significance, relevant research and the potential challenges their expression may present to the counsellor.

Figure 2: The Core Conditions (taken from counsellingtutor.com).

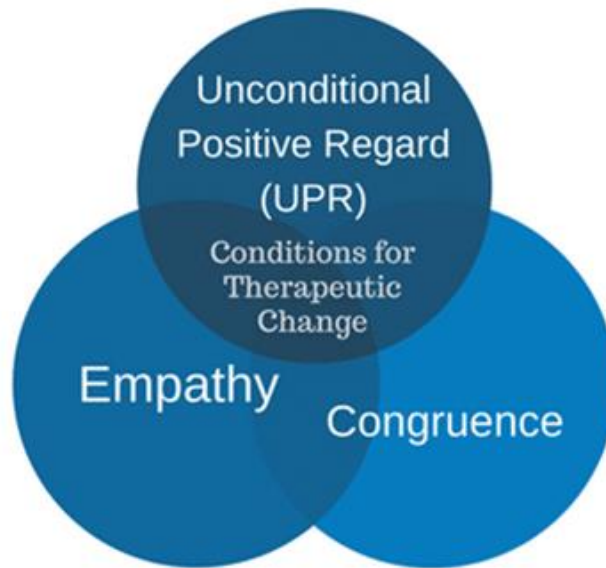


Table 4: A Summary of the Core Conditions

Core Condition	Related words	Type of Quality	Definition (from Mearns & Thorne, 2013)	Blocks for the Counsellor	Importance	Research to Support Significance
Unconditional Positive Regard	Love Acceptance	Attitude	Total acceptance, cherishing and non-judgementalism.	Conditional regard due to difference.	Directly challenges conditions of worth.	Watson & Steckley (2001). Farber & Lane (2001). Farber & Doolin (2011).
Empathy	Acceptance Connection	Process	A continuing process whereby the counsellor lays aside her own way of experiencing and perceiving reality, preferring to sense and respond to the experiencing and perceptions of her client.	Assumptions or predictions about the client. Sympathy. Over-involvement.	Client feels understood, increased self-awareness and exploration.	Patterson (1984). Sache (1990). Duncan & Moynihan (1994). Bohart & Greenburg (1997). Elliott, Greenberg, Watson, Timulak & Freire (2011). Goldman (2017).
Congruence	Genuineness Realness Authenticity Honesty	State of being	The state of being of the counsellor when her outward responses to her client consistently match her inner experiencing of her client.	Difficult to learn. Challenges counsellor's own systems of incongruence. Requires counsellor to be self-aware and willing to express herself.	Establishes trust and transparency. Models acceptance of 'weaknesses'.	Taber et al (2011). Holland (1997). Kivlighan, Kline, Gelso & Hill (2017). Gelso (2011). Gelso & Hayes (1998). Kolden, Klein, Wang & Austin (2011).

2.4.2 Person-Centred Training

Person-Centred training is not an easy process. Mearns and Thorne (2013) explain “being a counsellor is not for the faint-hearted...those who embrace the Person-Centred orientation are letting themselves in for a particularly rigorous discipline” (Mearns & Thorne, 2013, p. 36). Person-Centred counselling “probably requires more training and a greater intensity of training than most other mainstream approaches because of the daunting personal development objectives which require to be met” (Mearns, 1997, p. x). Person-Centred trainees are required to develop values, skills, attitudes and personal qualities which allow them to offer their client a ‘quality of presence’ in which they feel safe to explore their pain (Merry, 2014).

2.4.2.1 Personal Development Aims

Mearns (1997) listed 25 personal development aims for the trainee to develop during their training (Appendix 4); they comprise a substantial demand.

2.4.2.2 Learning Methods

Self-development opportunities take different forms during training. Mearns (1997) identifies the main approaches to self-development and their power for personal growth (Table 5).

Table 5: Approaches to Personal Development: Power Rankings, out of 10 (Mearns, 1997, p. 106)			
Method	Raising Issues	Working on Issues	Experimenting with Developing Self
Workshops/exercises	5	1	2
Expansion of life experience	5	5	8
Personal therapy	1	5	2
Training therapy	8	10	2
Personal development groups	8	3	5
Large group working	8	2	8
Training group therapy	5	10	5

Although based on personal opinion only, the table clarifies that different learning methods have varying strengths and weaknesses (Table 5). Personal therapy is not rated highly but is considered of value by others: “a vehicle for a genuine, often extremely intense relationship with the therapist through which participants become able to establish authentic emotional contact between themselves and their clients” (Rizq & Target, 2008, p. 29). Personal therapy also offers the counsellor ‘inside knowledge’ of being the client (Merry, 2014). However, personal therapy on its own is not adequate for a trainee’s self-development as often there is a narrow focus (Mearns, 2003).

Rogers (1973) called large group working ‘encounter groups’. He described them as a place of free expression, without organisation. It is within these larger groups that congruence often develops (Mearns, 2003). Although a potentially powerful learning method, large groups are not always a comfortable experience (Sturdevant, 1994). Some trainees find this environment too frightening and challenging to engage, preferring the safety of smaller groups where trust can be more easily established (Merry, 2014).

In Table 5, ‘expansion of life experience’ refers to learning activities which broaden the trainees’ knowledge in relation to issues pertinent to counselling, including; lectures about diversity and grief, assignments about childhood adversity. Residential workshops are not specifically mentioned in the table. These are usually a compulsory part of Person-Centred training and offer a longer immersion in a topic as well as periods of self-reflection away from everyday life.

2.5 Summary

This literature review outlines that there are a number of particular difficulties which can be experienced by people who were adopted as a baby. To summarise, these are:

- A struggle with open communication about their adoption.
- The development of a 'false self' through conditional love.
- Adverse experiences of preverbal pain and trauma.
- Attachment issues.
- Fear of rejection and intimacy.
- Unresolved, unacknowledged grief.
- Issues with identity and self-acceptance.
- Genealogical bewilderment.

The Person-Centred approach explains how a person can lose contact with their organismic or 'true self' and the impact this has on an individual. The greater the distance between one's organismic-self and self-concept, the greater the incongruence and the greater the suffering. Potentially, it is at a point of incongruence that an adoptee embarks upon their Person-Centred training, training which requires attaining rigorous self-development expectations which include:

- An understanding and awareness of their; environment, self-concept and conditions of worth.
- Establishing a strong sense of personal identity.
- Obtaining a sufficient degree of self-acceptance.
- An awareness of personal fears, beliefs and prejudices.
- Awareness of blocks which inhibit their expression of the core conditions.

- Learning to tolerate uncertainty and challenges.
- An openness and responsibility for self.

Person-Centred qualities and adoption issues seem to be poles apart and at opposite ends of a spectrum. This research is interested in exploring the experience of adoptees who complete Person-Centred training. To gain a sense of what it is like for adoptees who are trying to attain self-development goals which are potentially in direct conflict with their learned ways of being.

Chapter 3: Methodology

“The best way to find yourself is to lose yourself in the service of others.”
- Mahatma Gandhi

3.1 Research Question and Aims

This research explores the question *‘how does Person-Centred counselling training impact counsellors who were adopted as a baby?’* It aims to discover how qualified Person-Centred counsellors who were adopted as a baby perceived the impact of their Person-Centred training. The epistemological position of the research question will influence the choice of methodology.

3.2 Philosophy and Method

3.2.1 Research Paradigms

Based on the work by Guba and Lincoln (1994), Ponterotto (2005) identifies four research paradigms: positivism, post-positivism, constructivism-interpretivism and, critical theory. They each have “a set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organised study of that world” (Filstead, 1979, p. 34). Identifying the paradigm best suited to the research question will allow for an apt methodology to be selected. The positivism paradigm holds that “the world and social reality are scientifically constructed and should be scientifically interrogated” (Bright & Harrison, 2013, p. 57). Therefore, research follows a rigid format of testing and measuring. Post-positivism also assumes “one true reality but acknowledges that it can only be known imperfectly” (Vossler & Moller, 2015, p. 75). Whilst the researcher’s influence is acknowledged, the impact is limited as far as possible (Vossler & Moller, 2015). Neither of

these paradigms are suited to this research, and as both use mainly quantitative methods of research this study is better suited to a qualitative approach.

3.2.2 A Qualitative Approach

Qualitative research focuses on meaning. It is concerned with “how people make sense of the world and how they experience events” (Willig, 2004, p. 9). Both constructivism-interpretivism and critical theory use qualitative research methods and view reality as having numerous personal and unique realities (Vossler & Moller, 2015). However, critical theory seems to be more concerned with power relations where “interaction between the researcher and the researched are transformational and empowering” (Vossler & Moller, 2015, p. 76). This research focuses on understanding the unique lived experience of the participants; empowerment may be a positive by-product but is not central to the research. Therefore, this research fits with the constructivism-interpretivism paradigm and requires a qualitative research method.

3.2.3 Phenomenological Research Methods

A phenomenological research method is suited to this research as it aims to “explicate the ‘lifeworld’, including sense of self, embodiment and relationships” (Vossler & Moller, 2015, p. 168). Phenomenological methods are part of the constructivism-interpretivism paradigm, use qualitative methodology *and* are in line with the epistemological position of the research question. In addition, it complements Person-Centred theory which is central to this research and also takes a phenomenological approach to the person (Merry, 2014). Phenomenological research focuses on “what the person experiences and its expression in language that is as loyal to the lived experience as possible...More than other forms of inquiry, phenomenology

attempts to get beneath how people describe their experience to the structures that underlie consciousness, that is, to the essential nature of ideas” (Rudestam & Newton, 2015, p. 43).

Within phenomenology there are different research methods, including: ethnography, grounded theory, empirical phenomenology, hermeneutics and Moustakas’ own heuristic research (Moustakas, 1994). Developed by Moustakas (1990) heuristic research initially took prominence. This can be a useful approach when there is a “vague topic or theme that requires pinpointing” (Bright & Harrison, 2013, p. 43). The topic for this research has been clear since the exploration of adoption was required for a previous assignment. “The assumption that underpins heuristic research is that the passionate involvement of the researcher will enable a depth of sustained examination” (Mcleod, 2011, p. 206). Whilst passion for the research and clarity regarding the topic of research are not problematic issues, “the heuristic research process is not one that can be hurried or timed by clock or calendar” (Moustakas, 1990, p. 14). There are strict time limits for this piece of research and, despite feeling drawn to this method initially, these factors have helped rule it out as a suitable approach.

Ethnography is “the study of the ‘way of life’ of a culture or group of people” (Mcleod, 2011, p. 105). This methodology cannot easily be applied to this research as it requires observations and *fieldwork*. This research requires more personal encounters with individual participants to understand their experiences.

Grounded theory is not an applicable method as it requires a larger sample size than achievable in the timescale and the permitted word count. “The literature review in grounded

theory research...occurs after all the empirical data has been gathered and analysed" (Bright & Harrison, 2013, p. 79). In this case, the researcher has already completed considerable study in the area of research. The theory also requires the researcher to "engage in a process of *reflexive memoing*, which enables him or her to map ideas, bracket personal biases and, consider other influences on the research" (Bright & Harrison, 2013, p. 79). However, in this research, there is something important and valid about the researcher's personal experience of the phenomenon which can be utilised to benefit this research.

Empirical phenomenology does not seem an appropriate choice for this research as it is more related to the 'descriptions of feelings' rather than understanding the experience and impact of events in a person's life (Moustakas, 1994).

3.2.4 Hermeneutic Phenomenology

This leaves hermeneutic phenomenology; here the focus is on consciousness and experience. It is "the theory of interpretation" (Smith, Flowers & Larkin, 2009, p. 21). "The aim of hermeneutic phenomenology is to evoke lived experience through the explicit involvement of interpretation" (Finlay, 2011, p. 110). Hermeneutic analysis is essential for understanding; "interpretation unmask what is hidden behind the objective phenomena...interpretation is not an isolated activity but the basic structure of experience" (Gadamer, 1984, p. 58). In this way hermeneutics sees "a dynamic relationship between the part and the whole" (Smith, Flowers & Larkin, 2009, p. 28). The hermeneutic process is a cycle through which we correct our prejudices or set them aside and hear what the text says to us" (Moustakas, 1994, p. 10).

3.2.5 Interpretative Phenomenological Analysis (IPA)

IPA is an appropriate research methodology for this research. The epistemological position of the research question and knowledge of methodology has guided the design of this research and allowed for the selection of an apt method. The aim of IPA is “investigating how individuals make sense of their experiences” (Pietkiewicz & Smith, 2014, p. 8). This research explores how the individual makes sense of their experience of adoption and, how this impacts how they make sense of their Person-Centred training. IPA “seeks to understand lived experience” (Finlay, 2011, p. 140). IPA is a qualitative approach informed by phenomenology, hermeneutics and idiography.

3.2.6 Hermeneutics and Phenomenology

There are similarities and tensions between phenomenology and hermeneutics. “They both assume an active, intentional, construction of the social world and its meanings by reflexive human beings” (Mcleod, 2001, p. 57). Both approaches use mainly language and text as their material for analysis. However, phenomenology involves the “bracketing off of existing frameworks in order to gain access to the truth that lies beyond” (Mcleod, 2001, p. 58). A hermeneutic approach would see this as impossible, “an attempt to transcend language merely leads to another set of statements or propositions that are themselves linguistic and interpretative” (Mcleod, 2001, p. 58). Heidegger found a way to unite the two; he saw “authentic knowing as connected with, and intrinsic to, the task of relating to the world within which one finds oneself” (Mcleod, 2001, p. 59). Given the significance of both phenomenology and hermeneutics in the development of IPA, it is important to attend to both elements when approaching the data. This “has the potential to enrich the work done by researchers in counselling and psychotherapy” (Mcleod, 2001, p. 63).

3.2.7 Idiography

“Idiography is concerned with the particular” (Smith, Flowers & Larkin, 2009, p. 29). This is twofold, firstly relating to the detail and depth of analysis, requiring “analysis to be thorough and systematic” (Smith, Flowers & Larkin, 2009, p. 29). Secondly, it is devoted to “understanding how particular experiential phenomena (an event, process or relationship) have been understood from the perspective of particular people, in a particular context” (Smith, Flowers & Larkin, 2009, p. 29). The idiographic level of investigation was completed towards the end of the analysis whilst thinking about the narrative of the findings and presenting the participants’ quotes in a cohesive manner.

3.2.8 Summary

IPA is “richly grounded in participants’ experience yet maintains a critical interpretivist position that further interrogates meaning within particular social constructions that are relevant to the research” (Bright & Harrison, 2013, p. 87). This approach is an appropriate choice for this research: an emphasis on the lived experience of participants within the social constructs of adoption and Person-Centred theory.

3.3 Sampling

3.3.1 Purposive Sampling

Data collection for IPA typically employs purposive sampling to ensure a level of homogeneity among participants (Willig, 2004). Purposive sampling is “the deliberate choice of a participant due to the qualities the participant possesses. It is a non-random technique...the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience” (Etikan, Musa &

Alkassim, 2016, p. 2). A homogenous sample defines a participant pool very specifically to reduce the impact of additional variables and allow for greater insight into the experience under research (Dallos & Vetere, 2005). The size of the participant pool may be dictated by the number of people for whom the research holds personal significance; “the subject matter itself can define the boundaries of the relevant sample” (Pietkiewicz & Smith, 2014, p. 10). Whilst this may make participant recruitment more challenging, it also increases the level of homogeneity within the sample (Pietkiewicz & Smith, 2014).

3.3.2 Inclusion and Exclusion Criteria

The inclusion and exclusion criteria for this research have been carefully selected. They are displayed and justified below:

Table 6: Inclusion/Exclusion Criteria	
Inclusion Criteria	Justification
Adopted as a baby (the definition of ‘baby’ will be left to the participant to decide as too rigid a definition may reduce the participant pool).	Being adopted as a baby is an important part of this research. It reduces the participant’s involvement/say in their adoption and possible knowledge of their birth family/origins. It also controls for the varied fostering/‘open’ adoption experiences of children who were adopted later in life.
A qualified Person-Centred counsellor (to a minimum of diploma level).	This will ensure; <ul style="list-style-type: none"> • The ‘training process’ is successfully completed and the research will not impact upon their ability to complete their training. • That they are able to reflect on their training experience as a ‘whole’.
Self-define as ‘sufficiently grounded’ in their experience to be able to talk about it without becoming distressed.	To work ethically by ensuring the participants’ safety and minimizing risk.
Have access to personal therapy.	Interviews could bring up sensitive material for the participants, therefore access to personal therapy was a requirement.
Fluent in the English Language.	This ensures participants will be sufficiently fluent in the working language of the researcher.
Exclusion Criterion	Justification
Individuals with whom the researcher has a dual relationship.	To avoid the potential ethical issues of working with a participant known to the researcher.

3.3.3 Sample Size

Three to six participants are a recommended sample size for IPA and researchers are warned against a large sample stating, “it is more problematic to try to meet IPA’s commitments with a sample size which is ‘too large’, than one that is ‘too small’” (Smith, Flowers & Larkin, 2009, p. 51). Factors which may influence the sample size are: the depth of analysis, the richness of data and practical limitations (Smith, Flowers & Larkin, 2009). For this research, the final sample was three participants. The initial aim was to recruit a minimum of four participants but this was not possible within the timeframe. Smith and Osborn (2008) suggest “for students doing IPA for the first time, three is an extremely useful number for the sample” (Smith & Osborn, 2008, p. 57). Three is the ‘default size’ for a Masters-level IPA study (Smith, Flowers & Larkin, 2009). “Fewer participants examined at a greater depth is always preferable” (Hefferon & Gil-Rodriguez, 2011, p. 756).

3.3.4 Participant Recruitment

Participants were sought through emailing adverts to Universities who offered Person-Centred Counselling training at Masters-level and above (Appendix 5). Links were also placed on the Adoption UK and Adoption Cymru, Facebook page and Twitter feed as well as advertising on the BACP’s research noticeboard. Finally, adverts were also sent via email to Person-Centred counsellors who specialised in working with ‘adoption’ and advertised their services on the BACP or Counselling Directory websites.

There were five enquiries from potential participants. However, one was not yet qualified and one did not engage following an initial expression of interest. This left three participants who were happy to proceed. The venues for the interviews were suitably convenient for the

participants and met the safety requirements of the University of Chester's Lone Working policy. The participants were informed about the aims of the interview and their rights to withdraw or stop the interview.

3.3.5 Data Collection

IPA requires the elicitation of rich data (Pietkiewicz & Smith, 2014). This is almost exclusively achieved through the use of semi-structured interviews (Davies, Harrison, Hopkins & Watt, 2011). An IPA interview focuses on meanings rather than facts (Larkin & Thompson, 2012). Therefore, open questions are used which follow a 'loose agenda' to allow the participants to talk and explore at length the topic under discussion (Smith, Flowers & Larkin, 2009). An IPA interview is participant-led and non-prescriptive. This ensures the participant is able to talk about the parts of their experience that are important to them (Oxley, 2016). An interview plan was devised prior to the interview to ensure a natural flow of conversation and that the key areas were discussed (Pietkiewicz & Smith, 2014) (Appendix 6). The interviews lasted approximately one hour and steps were taken to follow the interviewing technique proposed by Smith and Osborn (2003). After completing the interviews, the recordings were transcribed.

3.3.6 Data Analysis

IPA uses an inductive approach to research. Rather than testing a hypothesis, data is gathered, themes are identified and then theories are developed. This contrasts with a deductive method where "a priori hypothesis [is used] to make assumptions about how people think" (Smith, Flowers & Larkin, 2009, p. 135).

IPA follows a set of ‘common processes’ rather than a ‘prescribed method’ of data analysis (Smith, Flowers & Larkin, 2009). The hermeneutic circle is important to IPA as it relates to the method employed by researchers during an IPA analysis. It describes the rigorous interpretative process of moving backwards and forwards, analysing the data as parts and a whole in order to build levels and different perspectives of the text under examination (Smith, Flowers & Larkin, 2009). During this analysis, definitions of single words were used to increase elucidation and gain an objective understanding of the words used by the participants. “The meaning of the word only becomes clear when seen in the context of the whole sentence. At the same time, the meaning of the sentence depends on the cumulative meanings of the individual words” (Smith, Flowers & Larkin, 2009, p. 28). Richer meaning was further obtained through exploring the synonyms, antonyms and frequency of key words, permitting a deeper engagement with the text. This process involves a ‘double hermeneutic’ (Smith & Osborn, 2003) where the researcher is trying to make sense of the participant who is trying to make sense of their experience of adoption. Taken from Smith, Flowers and Larkin (2009) and Davies et al (2011), the main steps involved in IPA are:

Table 7: Steps in Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009)	
Step 1	<u>Reading and Re-reading/Initial Familiarisation with a Case and Initial Comments.</u> The transcripts were read and re-read. Notes were made to capture first impressions and ‘bracket off’ own experience to allow for the participant to be the main focus (Appendix 7).
Step 2	<u>Initial Noting/Initial Identification of Themes.</u> Lengthy exploratory notes made by focusing on the data and making descriptive, linguistic and conceptual comments (Appendix 8).
Step 3	<u>Developing Emergent Themes/Looking for Connections between Themes.</u> Emergent themes developed through turning notes into concise reflective statements of meaning.
Step 4	<u>Searching for Connections Across Emergent Themes/Producing a Table of Themes.</u> Charting and mapping of emergent themes through abstraction, subsumption, polarization, contextualisation, numeration and function.
Step 5	<u>Moving on to the Next Case/Continuing with Further Cases.</u> Repeating the process and allowing new themes to emerge. Looking for patterns across cases.
Step 6	<u>Looking for Patterns Across Cases/Writing up the analysis.</u> Arranging and noticing themes across cases, looking for shared higher order qualities.

Following the steps in Table 7, emergent themes for each participant were developed (Appendix 9), printed out and cut up. They were then arranged in, what became, a complex, creative and rigorous process of clustering and linking common meanings across themes (Appendix 10). Creative methods are recommended to organise themes as this can “push analysis to a higher level” (Smith, Flowers & Larkin, 2009, p. 99). Although time consuming, the process was an illuminating and valuable one. From this chart a table of themes was developed for each participant (Appendix 11). Common themes were then identified across the participants (Appendix 12) and pertinent illustrative quotes were chosen for the write up.

3.4 Ethics

Ethical practice is active and ongoing throughout the process of data collection and analysis (Smith, Flowers & Larkin, 2009). Prior to any data collection, ethical approval was gained from the University of Chester’s Ethics Committee. The research was planned in accordance with the University of Chester Research Governance Handbook (2014) as well as the BACP’s Ethical Guidelines for Research in the Counselling Professions (2018).

Ethical practice is crucial for valid research. “Respect for the participants and recognition that research is an intervention into people’s lives, enshrined in ethical research conduct such as informed consent for participation, procedures for protecting anonymity, arrangements for the welfare of participants and social responsibility around presentation of findings” (Dallos & Vetere, 2005, p. 202). Informed consent is a continuing process where clarity and purpose are important. There has been transparency regarding the research question and time commitments of participating. Potential participants were provided with a detailed information sheet which included the interview questions and important information about

the research (Appendix 13). Consent was reviewed prior to the interview and transcripts were sent to participants following the interview to check and ensure continued consent. Anonymity was addressed by: the participants' choice of a pseudonym, data being held securely and, names/places being omitted from the transcript. The welfare of participants was a priority; the inclusion questionnaire asked participants to self-define as 'sufficiently grounded' in their experience to talk about it without becoming distressed. As adoption can be a sensitive area, providing the questions prior to interview helped prepare the participants. Participants were also required to have regular clinical supervision and access to a personal therapist. These ensured their welfare, minimised potential distress and, gave them clear pathways for appropriate support. Although a sensitive topic, there are also potential benefits to the participant (Carmichael, 2013). Potential gains include: catharsis, self-acknowledgment, a sense of purpose, self-awareness and, empowerment. "Interviews appear to be healing to many...giving a voice to the voiceless" (Hutchinson, Wilson & Wilson, 1994, p. 161). Self-care is also an important consideration, as researchers risk harm when exposed to "stories of trauma and suffering" (McLeod, 2011, p. 66). Utilising effective supervision from an experienced researcher and personal therapy can mitigate these risks. For this research, self-care for the researcher has included journaling, personal therapy and, walking in the countryside.

3.5 Validity and Trustworthiness

3.5.1 Validity

Validity in qualitative research is shaped by its "reliability and capacity for objectivity" (Bright & Harrison, 2013, p. 158). This is different to quantitative research which follows strict procedures and relies on pre-coded data collection techniques to assess validity (Willig, 2004).

Qualitative data collection “allows participants to challenge the researcher’s assumptions about the meaning and relevance of concepts and categories” (Willig, 2004, p. 16). This research has been designed to provide “a rich and comprehensive description of a phenomenon which communicates to readers a sense of its quality and texture” (Willig, 2004, p. 148).

There are different approaches to validity in qualitative studies. Triangulation is obtaining different perspectives on the same phenomenon to improve and strengthen the findings of research (Dallos & Vetere, 2005). The literature review contributes to the theoretical triangulation of this research. Respondent validation was also utilised, sharing the data obtained from interviews with the participant once it has been transcribed allows the researcher “to try and get as close as possible to what people are saying” (Dallos & Vetere, 2005, p. 205). This process has been criticised, “It must be remembered that participants have their own motives, needs and interests...what may have been ‘true’ for them at the time may no longer be the case. Their ability to put themselves back into the specific research context may be limited” (Finlay, 2011, p. 223). However, in this research, respondent validation was linked to informed consent and therefore included. To increase the validity of this research further, an audit trail is included in the appendix (Appendix 5-14).

Concurrent/contextual validity refers to “the extent to which the research relates to other work in the same field of enquiry” (Dallos & Vetere, 2005, p. 206). The literature review establishes the validity of the research question, placing it “in the context of previous enquiry and clinical thinking show(ing) how it will develop and advance understanding and practice” (Dallos & Vetere, 2005, p. 206). This research has developed an original scope of inquiry, “a

good research question responds to a need by identifying something that we would benefit from knowing more about but which has not been sufficiently explored yet. It extends the boundaries of our knowledge” (Vossler & Moller, 2015, p. 33). Research as the ‘gateway to knowledge’ is a means of developing awareness about the unknown (Flick, 2010). It is hoped this research is valuable, valid and original.

3.5.2 Trustworthiness

Trustworthiness is “the extent to which the resultant research findings are a genuine reflection of the personal lived experiences investigated” (Barbour, 1998, p. 335). Four criteria are proposed as important in establishing trustworthiness: credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Definitions and how they were applicable to this research are detailed in Table 8.

Table 8: Trustworthiness Considerations (Lincoln & Guba, 1985)		
	Definition	Application to this Research
Credibility	Confidence in the 'truth' of the findings.	A valid description of the data obtained through audio recordings of the interviews.
Transferability	Showing that the findings have applicability in other contexts.	Data was analysed using the steps outlined by Smith, Flowers and Larkin (2009). Analysis discussed and shared with research supervisor.
Dependability	Showing that the findings are consistent and could be repeated.	An audit trail of interview schedule and correspondence with participants included as part of dissertation.
Confirmability	A degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest.	Reflective journal kept as suggested by Smith, Flowers and Larkin (2009) to ensure uniqueness and individuality of participants is maintained as much as possible.

3.6 Reflexivity

Keeping a reflexive journal aided the validity of this research further. As this research has been born from personal experience, it is important for the researcher to be self-aware and notice any “unacknowledged negative thoughts and feelings (that) may block our ability to

hear our participants clearly or may influence how we makes sense of what we are hearing” (Etherington, 2004, p. 128). Whilst this could be a disadvantage, there is the possibility of this being an “enabling bias” (Bernstein, 1983, p. 128). “A bias that we are aware of, a passion deeply felt, may be an entrée into the experience we are studying” (Marsh quoted in Ely, Vinz, Downing & Anzul 1997, p. 350). “Indeed, it is impossible to remain outside of one's study topic while conducting research” (Palaganas, Sanchez, Molintas, Visitacion & Caricativo, 2017, p. 426). A reflexive epilogue is included in the appendices (Appendix 15) which offers a personal perspective of this research.

3.7 Final Summary

This chapter represents a robust justification of the methodology and method selection. It outlines a rigorous, reflexive and creative approach to data analysis, which honours the voices of the participants. The intended result is the production of a good quality piece of small-scale research which adds to the knowledge in this original area of research.

Chapter 4: Findings

“And you? When will you begin that long journey into yourself?”

- Rumi

4.1 Participant Overview

All participants chose their birth name as their pseudonym: Ruth, Alison and Charlotte.

All participants were qualified Person-Centred counsellors; two at Diploma level and one with a Masters degree. They were all adopted as a baby.

4.2 Master Themes and Sub-ordinate Themes Summary

During the analysis data was separated under two headings: Adoption Difficulties and the Impact of Person-Centred Training. Under these headings master and sub-themes were developed.

Table 9: Research Findings - Master and Sub-Themes	
Adoption Difficulties	Impact of Person-Centred Training
<u>Master Theme: Adopted as a baby</u> Sub-Theme: Preverbal Pain Sub-Theme: Blank Slate Baby Sub-Theme: The Dismissed Baby Sub-Theme: Survival	<u>Master Theme: The Person-Centred Approach</u> Sub-Theme: Training and Realisation Sub-Theme: Theory and Practice
<u>Master Theme: Out of touch with ‘Self’</u> Sub-Theme: People Pleasing Sub-Theme: The Fear of Rejection Sub-Theme: Identity Issues Sub-Theme: Being ‘Special’ Sub-Theme: Feeling ‘Different’	<u>Master Theme: Experience with the Core Conditions</u> Sub-Theme: Developing Congruence Sub-Theme: Becoming Authentic Sub-Theme: Developing a Voice Sub-Theme: UPR and Empathy
<u>Master Theme: Attachment Issues</u> Sub-Theme: Struggle with Acceptance Sub-Theme: Fear of Intimacy	<u>Master Theme: Learning and Development</u> Sub-Theme: ‘The Group’ Sub-Theme: Tutor Influence Sub-Theme: Adoption Literature Sub-Theme: Knowledge of Theories
<u>Master Theme: Loss of ‘Self’</u> Sub-Theme: Adoption Fantasies Sub-Theme: Grief and Loss Sub-Theme: No Voice	<u>Master Theme: A True Connection</u> Sub-Theme: A Journey Towards Acceptance Sub-Theme: Freedom Sub-Theme: Significance of Training

Each theme is represented using quotes from the participant interviews.

- All quotes are italicised for clarity.
- Names and line numbers of transcript are represented as: (Ruth/213-215).
- ... indicates some original text was excluded.

4.3 Adoption Difficulties

4.3.1 Master Theme: Adopted as a Baby

The struggle with being adopted as a baby was significant to all participants. This master theme encompasses something important about the participants' lack of memory at the time of their adoption as well as their process of reflection: imagining their experience as a baby, the vulnerability and loneliness.

Ruth describes her realisation about the meaning of adoption:

At the end of the day you're not being given up for adoption because life is great and everybody's happy, forgot that, nobody actually mentioned that really what happens is there's some shitty situation going on here, somebody is very unhappy at least one person if not several people are very, very unhappy and that is what-that is how you enter the world. (Ruth/489-494)

4.3.1.1 Sub-Theme: Preverbal Pain

All participants described noticing painful feelings within them when they were very young. They identified a lack of awareness about what these feelings were at the time and their

association with adoption. This seemed to be a sensory experience of 'rejection'/'abandonment' which were present before words:

In those formative years I wasn't able to verbalise it, it was there it just wasn't named.
(Ruth/123-127)

Charlotte describes her internal bodily awareness:

The pain is a kind of knowing rather than a cognition. It is like a felt sense, more than kind of, like I say, to say that I wasn't aware of my adoption issues I think that's why, it was preverbal, precognition really, it was just that felt sense. I knew on a very deep level that I had been abandoned, I hadn't been but that's how it felt as a baby.
(Charlotte/489-493)

Alison explains her deep inward feelings:

I need to notice for myself, that rejection um because I think, this again it's not a cognitive thing, it's not making sense of it, it's actually a really visceral sort of experience of that rejection. (Alison/840-842)

4.3.1.2 Sub-Theme: Blank Slate Baby

All participants recognised difficulties with being unable to explore their life prior to adoption. These were mostly 'unsaid' messages received from their adoptive parents. There was the idea that their life 'began' when they were adopted:

Actually, I did come from somebody's tummy but we don't talk about it. (Ruth/268)

My life started when I was adopted, there wasn't anything before that.

(Charlotte/148-149)

4.3.1.3 Sub-Theme: The Dismissed Baby

All participants communicated a sense that their experience as a baby and being placed for adoption wasn't valued. Again, the idea that the baby couldn't speak was important. That because 'babies cry', their needs and grieving process weren't acknowledged and went disguised as 'normal' for a baby. This lack of understanding and empathy towards them as a baby seems to have set the tone for their later development.

Ruth describes her compassion towards the baby's struggle:

I think that's what babies are probably doing but they, you know they, they obviously you know, cry because that's innate um but do we know whether they actually, do they want to communicate more? (Ruth/549-551)

Charlotte explains how she feels the needs of babies are dismissed in adoption. She describes this 'dismissal' as causing the baby to shut off:

I think there's a lot more that babies are aware of even in the womb, um so to say that they're not aware of adoption, that they're not aware that they're given away, I think

is very dismissive of their feelings and I think that is why it's harder, because it's almost like you're shut off because it, it is, for a baby it is survival. (Charlotte/481-485)

4.3.1.4 Sub-Theme: Survival!

'Survival' is a powerful word that the participants used to communicate their experience of coping with adoption. It frames adoption as an adverse experience. The word 'survival' conveys a desperation and a need for endurance. Antonyms of the word 'survive' have helped to further illuminate the significance of this word to the participants, the necessity for 'survival' to avoid death, extinction and destruction.

So, you do develop a kind of survival tactic. (Ruth/295)

Alison also uses the word 'survival' in relation to adoption:

I think you know you are a survivor as an adopted person and I think you've been taken into a different world that's not your natural world. (Alison/916-918)

Charlotte explains how she survived adoption:

I was a people pleaser, it was a survival technique, became whatever people wanted me to be, it took me a long time to figure that out but essentially that was it, it was survival mode. (Charlotte/50-52)

4.3.2 Master Theme: Out of Touch with ‘Self’

This theme includes the participants’ experiences with prioritising the needs of others and consequently losing contact with their own needs and sense of ‘self’/identity. There was a sense of not being grounded in themselves and therefore relying on others and trying to fit in with them; seeing themselves as ‘wrong’ and others as ‘right’. There was an implicit meaning in these themes that ‘adoption’ must be hidden and a necessity to be as similar to their adoptive family as possible. There are also echoes here of the ‘desperate baby’ in survival mode which has continued to play a role in their lives.

4.3.2.1 Sub-Theme: People Pleasing

‘People pleasing’ was a common theme across all the interviews. It appears to be a need the participants weren’t always ‘aware’ of fulfilling which could be a further complication of being adopted as a baby. Preverbal/precognitive patterns of behaviour became an unconscious and unquestioned ‘way of being’ as they grew up. Both Charlotte and Alison refer to their lack of awareness in ‘pleasing’ others:

I just didn’t even realise I was doing it and I think that was how entrenched it was. I didn’t know I was doing it until I realised that adoption was an issue if that makes sense, I wasn’t even aware of it. (Charlotte/161-163)

Alison and Ruth also refer to ‘people pleasing’ as being a need and not a choice:

I think I always needed to sort of subconsciously to please everybody to make sure that I was going to be kept in that family, pleasing yeah, being the ideal niece, being the

ideal daughter and um you know being the ideal granddaughter, so everyone really loved me you know, I was always very kind of loved but I felt I really had to work at it. (Alison/34-39)

This is not an altruistic role because look at me I'm so amazing, not at all, it absolutely, even without realising at first, I need it more than what, what they need it, because I need to be accepted. (Ruth/658-662)

Charlotte and Alison explain the great lengths they went to 'to please' their adoptive parents. 'Pleasing' is more than simply being 'nice' and 'agreeable', it includes an element of proving worth:

I was thinking I wasn't good enough but trying to be what my adoptive parents expected me to be, did everything for them that I could. I didn't want to be a lawyer and I ended up being a lawyer so that kind of stuff to that extent. Um, you know if they suggested something well I'd do it. Not because it was necessarily something I wanted to do, it was almost like survival but it became like a way of life. (Charlotte/154-159)

My marriage that again never felt quite right and I felt I married the man I married because, it was basically to please the family. (Alison/52-53)

4.3.2.2 Sub-Theme: The Fear of Rejection

All the participants spoke about their fear of rejection.

I think rejection is a really scary. (Alison/859-860)

They all experienced feelings of blame associated with their adoption and a deeper sense that they were rejected for a reason. There was the idea that they were adopted *because* they were rejected. Ruth and Charlotte identified a defence mechanism they utilised to protect them from rejection:

I'm very good at pushing people away and not letting them in and again that's fear of rejection. (Charlotte/539-540)

As somebody who's been rejected, you then become the rejector and so I tend to do that with people still, and with things and ideas. (Ruth/941-942)

Charlotte noticed how her fear of rejection compelled her to 'blend in' in an attempt to disappear:

I didn't want to be different because I might get rejected um and um those were very much unconscious things that I wasn't aware of but now, having done all that healing, now I can see what it was, that was very much, I don't want to stand out from the crowd, I don't want anyone to reject me, I just want to blend in and almost be invisible. (Charlotte/388-392)

Ruth describes this process as common among adoptees and identifies:

An invisible community of adoptees. (Ruth/1031-1032)

4.3.2.3 Sub-Theme: Identity Issues

All participants expressed a struggle in assimilating a true sense of 'self':

"A search for who am I?" (Charlotte/288)

"I needed to find myself really and I think that was my struggle all the time." (Alison-83-84)

When explaining the circumstances of her birth, Ruth speaks about herself from a distance *"made a baby"* (Ruth/22) *"the baby"* (Ruth/26). She only uses the pronouns 'me' and 'I' when she refers to herself *after* she was adopted.

A relationship disparity is reflected throughout Charlotte's interview. She infers a close relationship with her birth mother, calling her *"my mum"* throughout the interview. This contrasts with her adoptive family whom she consistently refers to as *"adoptive mother"* and *"adoptive parents"*; these are more formal remarks.

During their interviews, Alison and Ruth describe both their birth *and* adoptive mothers as *"my mum"*. This suggests that there is something about the two of these 'mothers' which comprise a 'complete mother'. Clarity about which mother they were referring to was required during the interview to aid the researcher's understanding (not the participants').

4.3.2.4 Sub-Theme: Being ‘Special’

All of the participants had strong feelings related to the word ‘special’ and had experienced the word being used in association with their adoption:

There’s just something about it with adoption, it’s like you’re told you’re special but you’re given away and it’s like, nobody really acknowledges. (Charlotte/337-338)

Charlotte felt the term ‘special’ was used to ‘over-compensate’ for the adversity of adoption. Given her desire to ‘blend in’, she felt it had the reverse effect:

I don’t think I’m special because I’m adopted, um and I don’t think, my personal view is that, that word shouldn’t be used for adoptees because it, it differentiates them and adoptees feel different enough as it is. (Charlotte/341-344)

Ruth felt differently about the word, she was unable to ‘hide’ due to her physical appearance and really embraced the role:

I would play up to being the special one, the chosen one, God chose me. (Ruth/439-440)

4.3.2.5 Sub-Theme: Feeling ‘Different’

All the participants described feeling ‘different’. The adjectives used to describe themselves and their feelings were revealing:

Table 10: Use of Specific Adjectives in Interviews				
Adjective	Definition	Ruth	Alison	Charlotte
Strange	Unusual, difficult to understand.	1	0	4
Weird	Suggesting something unearthly.	11	6	1
Ridiculous	Absurd, deserving ridicule.	7	0	0

Alien and alienation are synonyms of all the adjectives above. This elucidates a common theme between the words, highlighting the struggle and the depth of the participants' experience of 'feeling different'.

I don't know if this is me or as an adoptee...just the most ridiculous things. (Ruth/975-976)

It's quite strange in that I wasn't kind of consciously aware of my adoption issues. (Charlotte/581-582)

I remembered just feeling weird. (Alison/159)

The participants explained that 'feeling different' also conveyed they might be noticed which could lead to further rejection.

There was always an awareness that I felt different um, didn't quite fit in. (Alison/23-24)

I needed to fit in. (Charlotte/345)

For Ruth, her physical appearance meant she was unable to 'hide':

I struggled with the physicality of fitting in. (Ruth/97-98)

Being adopted impacted significantly upon Ruth's sense of physical identity:

When people say ooh what are you, what's your mixed background? But I'm like, well I have a whole host of different answers from, well I was adopted so I'm not sure to, um oh no it's just a tan and my hair's dyed. (Ruth/165-168)

Physically, it's there, it's like my body is saying, do you know what, you can try and forget it all you like! (Ruth/177-178)

Ruth seemingly felt more 'different' due to her physical appearance which didn't allow her to 'forget' her 'difference'. This is also confirmed by her frequent use of adjectives in Table 10; more than both Alison and Charlotte.

4.3.3 Master Theme: Attachment Issues

The shared meanings across the sub-themes and common related words allowed the development of this master theme, specifically: relationships, connections and closeness. There was the realisation that 'attachment issues' encompassed the participants' struggles with both acceptance and intimacy. This theme highlights the developmental implications of adoption upon the participants' 'self-concept' and 'identity'.

4.3.3.1 Sub-Theme: Struggle with Acceptance

The struggle with acceptance refers to both an internal and external difficulty. A lack of self-acceptance seems to impact the participants' ability to feel accepted by others. A struggle with self-acceptance also relates to the participants' early experiences as a baby, whose felt rejection lead them to question their self-worth.

Alison identifies feeling a lack of belonging as well as difference:

I didn't fit in but there was also this feeling of sort of not being accepted. (Alison/531-532)

Ruth expresses her depth of feelings regarding her struggle to find acceptance:

How can I ever be accepted? I can do good things every day for the rest of my life but it would NEVER, even if I got to 99%, it would never be 100% because that is being with her and her having kept me and, even though I now know her and I have a relationship with her, I was shocked to realise, ahh it doesn't even work, that it doesn't even work when you meet them or when you've got them in your life, because you can't back pay, you can't actually go back, so there is this constant need to find acceptance. (Ruth/666-672)

4.3.3.2 Sub-Theme: Fear of Intimacy

Despite being a positive relational quality, for the participants, formative experiences of intimacy preceded such negative experiences of loss and rejection that intimacy itself seems to have become a precursor for abandonment:

How did I ever know that I was going to be safe? (Charlotte/495)

All participants acknowledged a difficulty with establishing close relationships.

I would still say that I struggle with intimacy. (Charlotte/547)

The closeness of intimacy suggests a link to trust. Alison describes how difficult she found this:

I think trust is only now coming to me, I think, I think it's taken a long time. (Alison/765-766)

Ruth found this area of work intense:

I think the deeper work is, and the um like I say, looking at relationships and looking at attachment. (Ruth/752)

Ruth also identified a link between issues with intimacy and her Person-Centred practice:

You can't expect to sit with somebody um and be in a therapeutic relationship with them, if you are yourself closed. (Ruth/767-768)

4.3.4 Master Theme: Loss of 'Self'

Loss of 'self' refers to the participants' experience of grief and loss related to their adoption and ways of managing this loss. There is a sense that parts of themselves were lost forever, their 'ghost selves', a self they had the potential to become.

4.3.4.1 Sub-Theme: Adoption Fantasies

All the participants spoke about having adoption fantasies. These fantasies seem to have developed as a response to a lack of information regarding their heritage. They also seem to be a form of escapism and a means of minimising difficult feelings:

You can be who you want in a fantasy, it doesn't matter. (Charlotte/654)

*Wishing that I could become the person I should've been had I not been adopted.
(Charlotte/60-61)*

I remember fantasising and thinking I wonder is he my dad and I really saw him as a father figure. (Alison/442-444)

*Obviously, there is a narrative of, and it's a very, very young one of, if only I could start again, if I could reset, if I could go back to be X's child surely wouldn't I then be happy?
(Ruth/687-689)*

Alison also acknowledges that her fantasies were an escape from adversity:

I realised that I was kind of in flight all the time from that situation so I would spend my life-my whole marriage really, daydreaming about being with somebody else that I felt right with. (Alison/58-60)

Ruth and Alison also spoke about feeling conflicted regarding their adoption fantasies. There seemed to be a struggle between feeling and logic:

I battle with it because I'm always thinking no, no, no I shouldn't be thinking that but I think what if? I was always a dreamer, always a romanticist, always a fantasist and I think because that was my go-to, I was always a big reader and I loved that, that was my go-to and because it never worked, now as I'm talking to you and, I'm talking from a particular place, now where, I'm you know, I think I've kind of quelled that because I'm thinking, that's silly and it's childish and it doesn't work and it's wasteful but really it does exist within me as well at the same time. (Ruth/697-704)

I realised that through these fantasies I had to, I have to try and work out what they are saying to me you know, rather than just criticising myself about these fantasies...I just thought they're weird and what's wrong with me? (Alison/449-454)

4.3.4.2 Sub-Theme: Grief and Loss

All participants spoke about their struggle to assimilate their grief. This seems to have been compounded by the fact that they were adopted as babies and their grief was never acknowledged.

Charlotte spoke about not having permission to grieve:

I'd never really been allowed to grieve the loss of my birth family, the loss of my roots, um the loss of my childhood in many ways, the loss of who I would've been.
(Charlotte/443-445)

Ruth also identifies a lack of permission as being significant:

Nobody said it was ok to be angry, or sad, or heartbroken, or desperately disappointed, or frustrated, nobody said it's ok. (Ruth/488-489)

Charlotte uses an image to try and understand her feelings better and refers to her 'baby-self':

I was like this little baby behind this big brick wall that I'd built up with a big solid door that nobody could open and, I was like how am I supposed to open that door and, actually I realised that I had to kind of contact that baby-self to get her to open the door and, it was like in doing that, very slowly I was able to start grieving but it had to be like a gradual process. (Charlotte/454-459)

Ruth acknowledges her teenage struggle and identifies a deep sadness:

Feeling overwhelmed by the same sadness I am very familiar with now, I can remember it now of who and where is my biological mother? (Ruth/249-251)

I struggled with depression all my life so that was an aspect that was probably came up a lot in the training that was, I would say, almost completely related to being adopted or certainly a large part. (Ruth/862-865)

Alison also identifies the unrecognised grief which she held inside:

I think that was where the kind of rage came out, you know I didn't, it was unprocessed stuff at the time...yes there was a lot of sadness. (Alison/534-538)

4.3.4.3 Sub-Theme: No Voice

All participants identified not having a voice when they were growing up. To the participants, possessing 'a voice' meant the ability to say how you feel and be heard; an honest expression of self, showing internal experiencing externally.

Charlotte identifies her acceptance of this:

That's how I grew up, that was all I knew and I never really questioned it. I just accepted it for what it was. (Charlotte/14-16)

Ruth describes requiring help to develop her voice:

I was never given a voice, I was never given tools, I was never given help. (Ruth/484-485)

She also describes how she experienced not having a voice:

It feels very much like I was screaming inside, thinking I, I don't have a channel from what's going on inside to the air outside my mouth, there was no way to pass that information on. (Ruth/529-532)

Alison also independently identified 'screaming inside'. A powerful depiction of their experience and how painful it was:

Kind of screaming you know, that real me was screaming, yes, I was screaming to get out really and silent, a silent kind of scream, I think. (Alison/104-107)

Ruth relates to her experience as a baby and how this impacted on her development:

There is a stunted growth of development that yeah, the baby doesn't grow up because the baby part of me, because it has no voice, you need to give it a voice, you need to give it a, the tools to say, how do you feel? (Ruth/495-497)

After establishing a sense of the 'adoption difficulties' encountered by the participants, now the focus of the findings changes to the participants' experiences of Person-Centred Counselling training and its perceived impact.

4.4 The Impact of Person-Centred Training

Training to become a Person-Centred counsellor is more demanding than learning skills and techniques. It requires achieving enhanced self-development and self-awareness objectives which are facilitated by a range of teaching and learning experiences.

4.4.1 Master Theme: The Person-Centred Approach

Person-Centred is a specific approach to counselling. It requires much personal reflection. The participants were asked about their Person-Centred training and whether 'adoption' was a notable theme:

Yeah it was always a feature. (Ruth/726)

I think really it came up in everything. (Alison/179)

4.4.1.1 Sub-Theme: Training and Realisation

All participants gained self-awareness and discerned new learnings in relation to their adoption. Given the unconscious/automatic behaviours the participants identified, all the participants experienced moments of realisation:

You go through these like POW! Moments where everything is like WOW! I've just had this breakthrough! (Ruth/808-809)

It was the course that made me realise, well actually there's a whole other issue here that I've not even looked at, I've not even considered. (Charlotte/28-30)

I realised that I might as well just go there because that was the starting point for all the angst and, all the issues and, the self-loathing and, the low self-esteem. (Ruth/734-736)

This theme was elucidated further when the frequency of the word ‘realise’ is examined in isolation. This word was frequently used by all the participants during their interviews. It was associated with their development of self-awareness during their training.

Table 11: Word use Frequency - ‘Realisation’			
	Frequency of Use Across Participants		
Words Included	Ruth	Alison	Charlotte
Realise, realisation, realising, realised	21	19	33

Charlotte and Ruth also describe the security of their training environment as an important factor in their development:

I realised that it was a massive issue and actually the best time to explore it was on the course because it was such a supportive environment. (Charlotte/34-36)

It’s a very safe space for people to be able to explore things like this...I loved the fact that it was very safe. (Ruth/1057-1060)

4.4.1.2 Sub-Theme: Theory and Practice

The participants identified key aspects of Person-Centred theory and practice which resonated strongly with them namely: empowerment, equality, working with the 'whole' person and listening to 'self'.

Ruth and Alison explain what drew them to the Person-Centred approach:

Person-Centred way is, I love, I love the beauty of it being about them and they lead and take it where it needs to go and, you can give them the core conditions and they will receive something, however long it lasts so maybe it was the, the equality of that. (Ruth/364-367)

It felt very authentic and, I felt it was um, I liked the idea of the holistic way of working you know, I didn't know much about CBT or anything at the time but I just liked, I liked the idea of looking at the whole person, I was drawn to that. (Alison/468-470)

Charlotte describes her experience of Person-Centred training:

I felt it was quite rigorous, um I really learnt how to listen a lot, um and learning what's mine and what's not mine. (Charlotte/174-176)

Alison identifies how Carl Rogers and the Person-Centred approach gave her hope:

Carl Rogers and understanding his theory and also his story, I think really helped me take a risk at looking at myself in a different way. I really, really loved the idea of the organismic self and there was something kind of almost tactile about it for me really, there was something that you know, I can actually, sort of, a possibility I guess, yeah.
(Alison/319-323)

She describes hope with a sense of realism:

The Rogers theory, I think he made it very clear that it is not an easy journey so I think I always had that in mind, that it's not easy but definitely worthwhile. (Alison/689-691)

4.4.2 Master Theme: Experience with the Core Conditions

All participants identified problems with aspects of experiencing and offering the core conditions. They all recognised that these issues were directly related to their 'adoption difficulties'; their learned ways of being in an adverse environment.

4.4.2.1 Sub-Theme: Developing Congruence

All participants discussed their struggle with developing congruence. This theme was mentioned in relation to a connection to 'self' and expressing honesty to others:

Then I realised how incongruent I had been, I had to. (Alison/191)

Very incongruent for me because I'm trying to be very open and accepting but actually there's a whole part of me that I'm denying. (Ruth/174-175)

That was the hardest thing for me of the training! Congruence, I was like I don't know how to be congruent, um I've learnt how to be congruent, I get to be a bit blunt now (laughs) um but I'm ok with that. I just try to make sure you know, that I'm, I don't have any sharp edges on my congruence. (Charlotte/225-228)

4.4.2.2 Sub-Theme: Becoming Authentic

In putting the needs of others first and becoming out of touch with 'self', all participants felt their authenticity developed during their training.

Charlotte noticed her authenticity growing during the training:

In the first year I always kept my mouth shut, don't say anything to rock the boat, um and then kind of, as I began to realise, you know going into the second year, I began to say a little bit more, I was, I think through the training, becoming more authentic. (Charlotte/371-374)

Alison spoke feeling authentic for the first time:

There was something about, I was able to kind of be really, I felt anyway, really authentic. I felt like no matter how I am appearing, they will see that I am really genuine. (Alison/230-232)

Increased authenticity also allowed Charlotte and Ruth to develop a sense of self-responsibility:

“I started then to take responsibility for my own behaviour” (Charlotte/57-58).

“I used to love blaming people and now...I like taking ownership of things” (Ruth/481-482)

4.4.2.3 Sub-Theme: Developing a Voice

All participants recognised that they’d grown up without a voice that they’d never been able to say how they truly felt and be heard. Charlotte and Alison describe how they experienced developing a voice during their training:

Because I hadn’t been congruent, I hadn’t been authentic, yeah it was almost like, well I don’t know what that is and, I suppose it was the course for me was a process of learning to be me and, learning to be authentic and, learning to have my voice.
(Charlotte/276-279)

I’ve found my voice, um and I think at first it was a bit of a whisper but even now, I can still feel like I am gaining strength in hearing my own voice and saying my own thing.
(Charlotte/229-231)

It’s an extra loud ‘no’, really so that it’s very clear and I think yeah, I think my training has really given me that, my training and my own therapy as well, it’s definitely, definitely given me that, and I’ve always had really Person-Centred therapy.
(Alison/824-827)

4.4.2.4 Sub-Theme: Empathy and UPR

In addition to the problems experienced by the participants related to the core conditions, they also acknowledged positive experiences.

None of the participants expressed a difficulty with offering empathy and spoke about being able to recognise and appreciate pain in others:

I could see his really lostness really. (Alison/414)

You need to tackle these things, you need to deal with all of these things in order to work and in order to be congruent in your work, at least in knowing yourself um, I didn't feel like I struggled to be empathic with people but I needed to be honest. (Ruth/432-435)

Charlotte explains her first encounter with UPR. Prior to training, her experience of positive regard had been a purely conditional one. This experience, although positive, was met alongside a sense of loss that it wasn't encountered sooner:

Unconditional positive regard that was really, I don't think I'd really experienced that before, ever. (Charlotte/754-755)

4.4.3 Master Theme: Learning and Development

Person-Centred training utilises a range of exercises and experiences to promote learning and development. The participants identified key areas which impacted them.

4.4.3.1 Sub-Theme: 'The Group'

All participants recognised the importance of 'the group' in their training. The experience of sharing in a group was a powerful one.

Ruth identified parallels between 'groups':

I don't think you can always get that on a 1-1 because I think, as we know, in the group dynamics there is something else that happens, there is another layer there, there's another quality in what's happening between people and I think it's quite reflective of what happens in a family. (Ruth/407-411)

For Charlotte sharing in the larger group consolidated her development:

To actually be heard and held in that space, I mean it was huge, I could've said it 1-1 to a therapist, I could probably have said it in a triad but to say it even in a small group like PD was big, to then take it to, to the whole year group, was, for me, that was like I've got a voice now! (Charlotte/382-385)

Alison and Ruth experienced the perception of the group as influencing their self-perceptions:

We had to do this work with masks and I remember you know, we had to draw like, you know, on both sides, we had to draw like the face we presented and how we really felt and, I remember you know, I just drew this face and um, which was the kind of

happy, whatever, very approachable Alison, kind of and, at the back, it was very kind of blank and, kind of scared and, lost really and, I just remember everyone crying because they all thought, they only saw part of me. (Alison/180-186)

I'm the baby because I was like always the younger one and, oh no I'm not like that and they, they saw me as kind of second in command and, I was really surprised and I thought, and I was quite proud that I must've matured, I was so used to being in that role that I could see the progress, that was probably towards the end of the second year or even before then and, um when you deal with that stuff, you're allowing the adopted baby to grow up. (Ruth/467-473)

4.4.3.2 Sub-Theme: Tutor Influence

All participants spoke about their experience with the course tutors. The participants noticed parallels between their tutors and parental figures. This could also be associated with the authoritative role of the tutors.

For Ruth this was a positive experience:

Was I looking for a maternal figure to respond, and I was in some ways, my tutor, there was a few tutors but this one facilitated our peer group um, there was some connection that I was aware of, there was something in this secure um maternal figure that I enjoyed. (Ruth/418-422)

Alison's experience was an uncomfortable one:

He kind of reminded me of my, kind of parents, you know my parents and me really like, let's not, this is horrible messy stuff but we have to just cover it up. (Alison/714-718)

4.4.3.3 Sub-Theme: Adoption Literature

For all participants their training was their first experience of reading any literature or research related to adoption. Reading about adoption was a revelation.

For Charlotte this was a shocking and validating experience:

I think the first thing I started reading was The Primal Wound and, I think within the first page, I felt like I'd been slapped around the face with a wet fish! Um it was just like, oh my God that's me on a plate! I didn't even realise that was an issue! (Charlotte/601-603)

All those feelings I'd been repressing and trying not to let anyone know because they might think I was weird and reject me, but actually to have them all validated as perfectly normal for being adopted! (Charlotte/634-636)

Alison also found it validating:

It was validating, it was validating, yeah, and you know, I think reading the books as well, just um, that it is a journey that most adopted people go through, it's not

something you can avoid, it's not all going to be ok no matter how perfect your adoptive family are. (Alison/359-362)

Ruth found the literature hard to accept at first:

I've read books about adoption and the funny thing was I actually rejected a lot of it...So I got this great book and um, I was like er, I wouldn't read it for ages and then when I did, I thought well that's not true and, that doesn't work and, that's making no, that's not the way and on, and it is all true, and it's very highly regarded. (Ruth/939-945)

4.4.3.4 Sub-Theme: Knowledge of Theories

Person-Centred training involves lectures and modules on topics relevant to counselling. All participants felt the training added to their knowledge in areas of significance to them.

Alison found theories about trauma helped her understanding of herself:

Reading any kind of theory about things, that actually even as a baby the fact that just because you, just because it was preverbal, it doesn't mean that you didn't, you weren't traumatised, I think yeah, I think it was knowing that I was traumatised that really helped me understand myself and, then understanding the impact of trauma. (Alison/353-357)

Ruth found learning about attachment important:

I was painfully shy painfully, painfully shy which I now realise, particularly in those early years, was an attachment um issue and, obviously could, for many, many years I was shy, in fact and um, I would say probably until I was 30. (Ruth/509-512)

Alison also found Person-Centred theory instrumental in understanding her identity struggles:

It was always there and fighting to come out but, in a way, my self-concept and having to please others and fit in with their needs, stopped me fulfilling, stopped me um yeah kind of reaching that, kind of, contacting that organismic self. (Alison/97-99)

4.4.4 Master Theme: A True Connection

Given the attachment difficulties acknowledged by all the participants, self-acceptance and experiencing acceptance from others were issues they struggled with. During their training they experienced healing and development in this area.

Ruth expressed becoming more open in relationships during her training:

“you can’t expect to sit with somebody and be in a therapeutic relationship with them, if you are yourself closed...people will be more open and giving and feel more safe if you have been through that process, so it think that’s what I was really passionate-I was quite passionate about being strict with the Person-Centred ethos” (Ruth/766-772)

4.4.4.1 Sub-Theme: A Journey Towards Acceptance

All participants expressed a movement towards acceptance during their training:

It's not about what I did, it was how I felt and, it was learning that it's about how I feel, not about what I did or what happened and that's what lead me to acceptance.
(Charlotte/668-670)

I think it's a journey and, it's always going to be an ongoing journey and, it's like I said before, the scars are always going to be there um but, scars fade so there might always be triggers but hopefully they will fade, the more therapy I do and the more I start to stick my head above the parapet. (Charlotte/416-419)

Alison found the experience of others, healing:

You know looking at other people's relationships helped me, kind of realise, it's ok for it to not be ok and to do something about it really, and not I suppose, not being alone, really even if it's not just about adoption but just the fact that everybody has some trauma that they have to deal with, you know, and it can be abandonment in different ways but this is just my unique way yeah, so it was less lonely and isolating just to be a human being, that was you know, on my own journey, just as all these other people were on the course. (Alison/328-334)

Ruth also identified with the idea of a journey:

A long journey of self-discovery, of dealing with all that. (Ruth/929)

4.4.4.2 Sub-Theme: Freedom

All participants described a feeling of freedom associated with their training. This freedom appears to be associated with a permission to explore and connect to themselves for the first time:

There is something in Person-Centred that is much more freeing. (Ruth/390)

There is something very liberating about having a voice and being able to say, this is my experience, this is my opinion and to be heard. (Charlotte/433-435)

It was a sense of freedom. (Alison/248)

4.4.4.3 Sub-Theme: Significance of Training

All participants found their Person-Centred training invaluable and they all gained an understanding of themselves in relation to their adoption because of it. They all questioned whether this development would have occurred had they not attended a Person-Centred course.

Charlotte described her movement from not having a voice, to having a whisper and nurturing this whisper into a voice she could use:

*I'm like, well you're not walking all over me now...so people then had to adjust to ...me!
(Charlotte/740-741)*

Person-Centred training had a powerful and positive impact on all the participants:

It probably saved my life, and I don't mean to sound dramatic but I think, I think it really has. (Alison/609-610)

The end of my training and I was graduating, you know from this incredible, you know experience, of laying bare everything that I've ever known. (Ruth/848-851)

It completely changed me, completely. (Charlotte/285)

4.5 Summary

These findings illustrate the particular difficulties associated with being adopted as a baby and the profound influence they had upon the participants. Person-Centred counselling training requires self- development and created tensions in the specific areas of difficulty for adoptees.

Chapter 5: Discussion








“The curious paradox is that when I accept myself as I am, then I change.”

- Carl Rogers

5.1 Introduction

In this chapter, the themes from the research findings are compared with the existing literature and research in this area.

The findings illustrate the tensions experienced by the participants between opposing ‘ways of being’, for example, the incongruent adoptee and the congruent therapist. The distance between the two is vast and the rich data offered by the participants provides a powerful insight into their experience of adversity and journey towards healing. These tensions are summarised in Table 12.

Table 12: A Summary of Tensions between ‘Adoption Difficulties’ and Person-Centred Requirements		
Adoption Difficulties		Person-Centred Requirements
No permission to explore ‘self’		Need for self-development
Intimacy and attachment issues		Need to work at relational depth
Fear of rejection		Need for self-acceptance
Lack of awareness		Need to be self-aware
Not having a voice		Developing a voice
Identity confusion		Need for authenticity
Incongruence		Congruence

5.2 A Lack of Permission and a Need to Explore

A lack of open communication regarding their adoption conveyed the message to the participants that talking about adoption wasn’t permitted (4.3.1.2, Blank-Slate Baby; 4.3.1.3, The Dismissed Baby). This meant the participants tried to make sense of their adoption on their own and gave rise to powerful assumptions regarding survival and self-worth (4.3.1.4,

Survival!; 4.3.2.1, People Pleasing). Similar difficulties are acknowledged in the extant literature (2.3.3, Adoption Stories; 2.3.6, Acceptance and Intimacy).

5.2.1 Grief and Loss

The participants recognised a lack of acknowledgement as contributing to the difficulties they experienced through being adopted as a baby (4.3.1, Adopted as a Baby). An area where this was prominent was their experience with grief. They described a lack of permission to grieve prior to their training (4.3.4.2, Grief and Loss). They also expressed difficulties with what Nickman (1985) termed ‘covert losses’; loss of a potential self or relationship. These types of losses are most common with those adopted as a baby and are compounded by their retrospective nature as well as a lack of acknowledgement (Nickman, 1985).

Person-Centred training presented opportunities for the participants to learn about theories including models of grief and granted them permission to explore and understand their losses. The participants expressed profound experiences of pain and sadness associated with their adoption (4.3.4.2, Grief and Loss). Through self-compassion for their ‘baby-self’ and reflection, the participants were able to acknowledge and assimilate their experience (4.3.4.2, Grief and Loss). This exploration allowed the participants to meet some of the self-development requirements of their Person-Centred training (Appendix 4).

5.3 Attachment, Intimacy and Relational Depth

The participants acknowledged that they struggled with intimacy and had difficulty forming close relationships (4.3.3, Attachment Issues). These difficulties are also evidenced in the current research (2.3.4.3, Attachment Issues; 2.3.6, Acceptance and Intimacy).

To be a Person-Centred counsellor requires the development of a trusting therapeutic relationship (2.4.1.1, The Therapeutic Relationship) and an ability to work at relational depth (2.4.1.2, Relational Depth and Intimacy). This presents a challenge to adoptees who avoid close relationships. Schofield and Beek (2006) explain that this difficulty is not permanent; even in adulthood, there is the potential for secure relationships to change patterns in attachments and “produce a more coherent sense of self” (Schofield & Beek, 2006, p. 147). Ornish (1998) also acknowledges the healing power of intimacy through close relationships. Person-Centred training facilitated development in this area, by inviting the participants to share their experience. Within an accepting environment, the blocks to intimacy were removed and fear was diminished (4.4.4, A True Connection). The participants credited the large group with majority of their development in this area (4.4.3.1, ‘The Group’).

5.4 Fear of Rejection and Self-Acceptance

Difficulties with communication, and the participants’ experience of trauma, seems to have given rise to an extreme fear of rejection (4.3.2.2, Fear of Rejection). All participants referenced fearing rejection and abandonment which is also evidenced in the extant literature (2.3.3.2.1, False Self; 2.3.4.3, Attachment Issues; 2.3.6, Intimacy and Acceptance). Underlying these themes is the fear that the ‘true-self’ somehow deserved rejection and therefore, if discerned, rejection/abandonment will follow (Verrier, 2003, 2012; Lifton, 1994; Dennis, 2014; Brodzinsky et al, 1992): *“Was I rejected because I was bad?” (Charlotte/664).*

Research acknowledges that adoptees can experience a lack of self-acceptance which has its origins in a fear rejection (2.3.6, Acceptance and Intimacy). However, self-acceptance is a crucial quality for a Person-Centred counsellor to possess. “For the Person-Centred counsellor

the ability to accept and affirm herself is, in fact, the cornerstone for her therapeutic practice...it is impossible to offer a client acceptance, empathy and genuineness at the deepest level if such responses are withheld from self” (Mearns & Thorne, 2013, p. 37). It is number three of the twenty-five personal development aims (Appendix 4). The participants developed in this area during their training (4.4.4.1, A Journey Towards Acceptance). Their self-acceptance seems to have grown through experiencing compassion for others and hearing their pain and struggles.

5.5 Becoming Aware

The participants acknowledged a lack of awareness regarding their ‘adoption difficulties’ prior to embarking on their Person-Centred counselling training (4.3.1.1, Preverbal Pain; 4.3.2.1, People Pleasing). They had a sense of the pain but were not aware of its roots. To be unaware of an experience is not the same as being unaffected (Robertson, 2001). Increased self-awareness during their Person-Centred training was not accidental. Tolan (2012) describes the first task of Person-Centred counselling training is to develop self-awareness. Awareness of self is crucial to ensure counsellor’s issues do not impede the client’s process (Pieterse, 2013; Gelso & Hayes, 2001). Developing self-awareness is also part of the twenty-five personal development aims (Appendix 4). Listening to the self is unavoidable for the Person-Centred counsellor and requires a “disciplined monitoring of her inner world” (Mearns & Thorne, 2013, p. 38). Increased awareness can be healing and may help individuals to recognise the emotions for which they need help in soothing or regulating (Stevens, 2017). Defined as; becoming fully aware, ‘realisation’ was a key theme identified by the participants and was frequently mentioned during their interviews (4.4.1.1, Training and Realisation). In addition, taking a broader perspective of the interviews, the depth to which the participants

were able to explore and articulate their experiences also demonstrates an enhanced awareness of self.

Adoption Literature was identified by the participants as being important in developing an awareness their 'adoption difficulties' (4.4.3.3, Adoption Literature). The participants were unaware of any literature prior to their training and found reading it both validating and reassuring. Charlotte described feeling like she had been "*slapped around the face with a wet fish!*" (Charlotte/601-603); A powerful and rich expression of her experience. Interestingly, the first book read by all participants was the same: *The Primal Wound* by Nancy Verrier. This book may have influenced their descriptions during the interview and provided a conceptual framework for understanding their adoption: "*wound*" (Alison/759); "*adoption scar*" (Charlotte/193).

5.6 Finding My Voice

The participants expressed difficulties with self-expression and being heard when they were growing up. They referred to this as *not having a voice* and related it to their adoption (4.3.4.3, No Voice). It seems to have developed from a lack of open communication and a fear of rejection, both evident in the existing literature (2.3.3.2, Communication Issues; 2.3.3.2.1, False Self). The participants felt this difficulty was compounded by being adopted as a baby and their needs not being fully acknowledged (4.3.1.3, The Dismissed Baby). Two participants powerfully describe this experience as "*screaming inside*" (Ruth/529-532; Alison/104-107). This added a rich quality of lived experience to their accounts.

During their Person-Centred training, the participants spoke about ‘developing a voice’ (4.4.2.3, Developing a Voice). Facilitated by their training, they were encouraged to listen to themselves and nurture their voice inside. This development was in line with the personal development aims (Appendix 4) and was promoted by a safe accepting environment (4.4.1.1, Training and Realisation). The participants felt that large group working was particularly beneficial for the development of their ‘voice’ where their bravery and progress was realised (4.4.3.1, ‘The Group’). This concurs with Mearns (1997) who also identified large group working as a useful environment to experiment with developing self (Table 7). The participants described this process as beginning with a “*whisper*” (Charlotte/229-231) and culminated with an “*extra loud no*” (Alison/824-827).

5.7 An Authentic Identity

Identity formation is a well-documented struggle for adoptees (2.3.5, Identity Development) which was also echoed in this research (4.3.2, Out of Touch with Self; 4.3.4.1, Adoption Fantasies). Developing a sufficient sense of personal identity is number six of the twenty-five personal development aims (Appendix 4). Research has found a relationship between authenticity and identity (Kernis, 2003; Stevens, 2017). Consequently, authenticity can be defined as an expression of one's true self (Kernis, 2003; Stevens, 2017; Wood, Linley, Maltby, Baliousis & Joseph, 2008; Kernis & Goldman, 2006; Heidegger, 1927/1962; Kreuger & Hanna, 2001). Becoming authentic and developing an identity requires self-exploration (Erikson, 1968; Marcia, 1994; Phinney, 1988; Umana-Taylor, 2004). Person-Centred training offers “a healthy climate of non-judgemental exploration” (Mearns, 1997, p. 125). Stevens (2017) recognises that authenticity can develop through an individual’s courage to be vulnerable or a close accepting relationship, both of which are fostered whilst training. Person-Centred

training invited the participants to nurture their identity under the optimum conditions for growth and was another area of successful development (4.4.1.2, Theory and Practice; 4.4.2.2, Becoming Authentic; 4.4.3.4, Knowledge of Theories).

5.7.1 Responsibility

Wohl (2002) found correlations between a strong sense of identity and increased self-responsibility. Responsibility and ownership of one's behaviour and learning are number twenty-three of the twenty-five personal development aims (Appendix 4). This was another area of self-improvement for the participants (4.4.2.2, Becoming Authentic).

5.8 Incongruence to congruence

The literature review outlines how incongruence develops (2.4, Person-Centred Theory) and existing research identifies the ways in which adoptees have learnt to be incongruent through their experience of adoption (2.3.3, Adoption Stories; 2.3.4, Adopted as a Baby; 2.3.5, Identity Development; 2.3.6, Intimacy and Acceptance; 2.3.7, Grief and Loss). All the participants acknowledged a level of incongruence when they started their training and described it as a challenging area in which to develop (4.4.2.1, Developing Congruence). The participants developed their congruence through learning to listen to themselves, sharing in the group, experiencing acceptance and feeling heard (4.4, The Impact of Person-Centred Training). This was a significant achievement given the level of incongruence, lack of awareness and learned ways of being the participants described when they began their training (4.3, Adoption Difficulties).

5.9 Permission to Self Discover

Given the perceived lack of permission to explore their adoption and a struggle with open communication, the participants began their training in an unfavourable position. However, Person-Centred training predicates the need for self-exploration, indeed regular attendance and a willingness to participate are compulsory elements of the course. These obligations may actually make it easier for an adoptee, whose predisposition is to 'please', to initially engage with their training.

5.9.1 The Power of Freedom

The participants' experience is validated by the existing literature and research (2.3, Adoption). They have grown up without a voice, not able to openly communicate and without permission to explore themselves fully (4.3, Adoption Difficulties). Their experience of Person-Centred training has been a transformative and valuable one (4.4.4.3, Significance of Training). It has encouraged personal-development and self-discovery accompanied by a sense of freedom realised once the 'shackles' of the self-concept were discerned and broken (4.4.4.2, Freedom). "The adoptee who fully accepts his or her existential freedom to choose is able to engage his or her will and thus choose to act upon his or her decision without guilt or regret" (Krueger & Hanna, 1997, p. 199).

5.10 Concluding Comments

This research provides an original insight into the experience of Person-Centred counselling training from the perspective of those adopted as a baby. It bridges a gap between two separate and contrasting 'ways of being'. It demonstrates the value of, and the possible personal rewards gained through, Person-Centred counselling training. In addition, this

research takes a different slant to the existing adoption literature which has focused primarily on the 'psychosocial adjustment' of adoptees during childhood and adolescence (Rosnati et al, 2008; Van IJzendoorn & Juffer, 2006).

Finally, this research offers the hope of healing from adversity.

Chapter 6: Conclusions

*"We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time."
- T. S. Eliot*

6.1 Outcomes Overview

This research aimed to discover how qualified Person-Centred counsellors who were adopted as a baby experienced their Person-Centred counselling training. To explore whether, and in what ways Person-Centred training impacted upon their personal development and how this was managed.

The research found links between an adoptee's way of being and their experiences of self-development during their training. This was an ultimately positive experience which included: the development of self-awareness, a movement towards self-acceptance and the fostering of a true sense of 'self'. The participants' experience of self-development was necessitated by the personal-development requirements of Person-Centred training and nurtured within a safe environment where growth and exploration were encouraged.

6.2 Implications for Practice

Research informs therapeutic work and it has the power to promote change and increase understanding (Bright & Harrison, 2013). This study has provided exploration into the lived experiences of adult adoptees, a field where research is lacking (Verrier, 2012; Rosnati et al, 2008; Van IJzendoorn & Juffer, 2006; Sexton, 2013; Kowal & Schilling, 1985).

This study contributes to existing literature in this area by corroborating the ‘adoption difficulties’ identified in previous research. It also provides an additional insight into the lived experience of adult adoptees who were adopted as a baby and their process of self-development through engaging with Person-Centred counselling training.

6.3 Limitations

The small-scale nature of this research presented rigid limitations. It was difficult to balance the richness and complexity of the data with the pragmatism required for a concise study.

Research limitations are recognised by the researcher (Flick, 2010). Mcleod (2015) identifies the impact of the novice researcher and the importance of a “straightforward project, using a tried and tested design” (Mcleod, 2015, p. 239). The theoretical triangulation of this research was deemed effective as the adoption difficulties experienced by the participants were also evident in existing research.

Willig (2004) discerns three specific limitations associated with IPA: Firstly, *the role of language* restricts our ability to understand the experience of participants. An interview “tells us more about the way an individual *talks* about particular experience...than about the experience itself” (Willig, 2004, p. 63). Therefore, IPA is criticised as not recognising the constitutive role of language. Secondly, *the suitability of accounts* and whether people are able to fully articulate their experiences. Thirdly, *explanation versus description*; this limitation relates to the purely descriptive role of IPA and its failure to try and explain experience.

The findings of this research present a rich insight into the lived experience of the participants. However, the sample size and use of IPA limit the generalisability of the results. Brocious (2017) argues that the results of a qualitative study are not supposed to be generalisable. However, Harre (1979) proposes that the idiographic influence of IPA establishes a different way of constructing generalisations. The unique embodiment of an experience from a specific situation and perspective is “thoroughly immersed and embedded in a world of things and relationships...an *in-relation-to* phenomenon” does not belong to an individual and therefore, tentative generalisations can be made (Smith, Flowers & Larkin, 2009, p. 29).

6.4 Future Research

There is considerable scope for further exploration into the issues highlighted by this research. As an original area of study, the focus of this research is worthy of extension and development. Given that the ‘adoption difficulties’ described by the participants seem to mirror existing literature, deeper exploration into the perceived self-development experiences of the participants may further illuminate this area of study with the potential to develop an approach to healing the *Primal Wound* of adoption.

Additional ideas for future research also emerged from the interviews, including:

- The matrilineal descent of the Jewish religion and its impact on adoptees.
- The experience of birth mother relationships and their impact upon people adopted as a baby.

6.5 Closing Comments

This study has been a real privilege to complete. The honesty and openness of the participants has been invaluable and provided insight into the lived experiences of the invisible adoptees who walk among us.

The research has had a powerful personal impact. Analysing the experience of others has proffered an unexpected sense of comfort and belonging. A reflexive epilogue is included in the appendices (Appendix 15).

“What we have to offer is not a technique, not a theory, but who we are”

(Kramer, 2000, p. 24)

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Appendix 1

Department for Education Statistics. Children Looked After in England (Including Adoption)

Year Ending 31st March 2018.

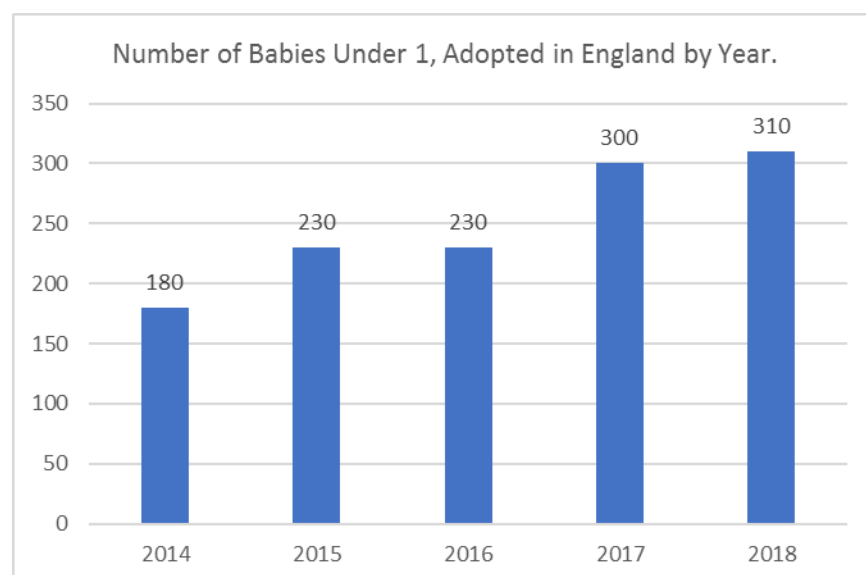
Table E1: Children looked after who were adopted during the year ending 31 March by gender, age at adoption, ethnic origin, category of need, final legal status, duration of final period of care and age on starting final period of care^{1,2}

Years ending 31 March 2014 to 2018

Coverage: England

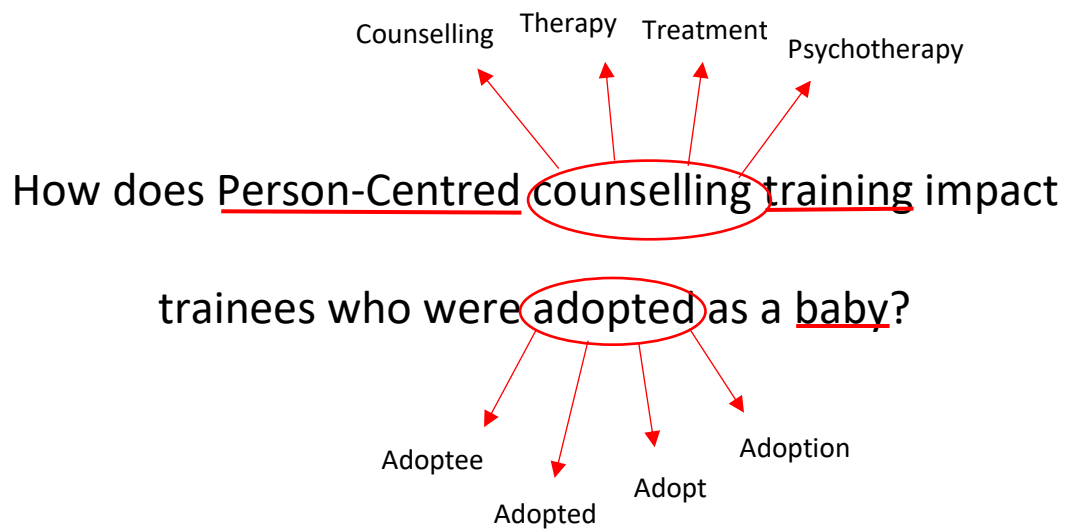
	numbers					percentages				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
All looked after children at 31 March	68,810	69,470	70,400	72,590	75,420					
All looked after children who were adopted during the year ending 31 March	5,050	5,360	4,710	4,370	3,820	100	100	100	100	100
Gender	5,050	5,360	4,710	4,370	3,820	100	100	100	100	100
Male	2,510	2,820	2,510	2,250	2,020	50	53	53	52	53
Female	2,540	2,550	2,200	2,120	1,810	50	47	47	48	47
Age at adoption (years)	5,050	5,360	4,710	4,370	3,820	100	100	100	100	100
Under 1	180	230	230	300	310	4	4	5	7	8
1 to 4	3,840	4,070	3,390	3,090	2,670	76	76	72	71	70
5 to 9	960	1,000	1,020	920	780	19	19	22	21	20
10 to 15	70	60	70	60	60	1	1	1	1	2
16 and over	x	x	x	x	x	x	x	x	x	x
Average age (yrs : months)	3:5	3:3	3:5	3:4	3:3					

A Chart to Represent the Highlighted Data above.



Appendix 2

Search Strategy



Primary Keywords	Alternatives	Truncations
Counselling	Therapy Psychotherapy Treatment	Couns* Psychotherp* Therap* Treat*
Adopted	Adoption Adopt Adoptee	Adopt*
Person-Centred	Person or child Centred Person or child Centered (US Spelling) Centered Centred	Cent*
Training	Learning Knowledge Course	Train* Learn*
Secondary Keywords		
Baby	Child Children Kid Adolescent Young person Adult Person People Babies	Child* Bab*
Intimacy	Intimate Relational depth Relationships	Intima* Relation*
Secrecy	Secret	Secre*
Dissociation	Dissociate	Dissociat*

	Dissociative Dissociations	
Lies	Hidden Myth Truth	Lie* Myth* Truth*
Fantasy	Fantasies Myths Phantasy	Fantas* Phantas*
Abandoned	Abandonment Abandon	Abandon*
Rejection	Rejected Reject	Reject*
Core conditions	Acceptance UPR (unconditional positive regard) Empathy	Core condition* Accept* Empath* Uncondition*
Personal Development	PD Self Self concept Organismic Discovery	Self* Organ* Discover*
Self-Awareness	Aware Realisation Revelation	Realis* Reve*
Teaching	Techniques Group Dynamics Sharing Activities Exercises	Dynamic* Shar* Activit* Exercise*

- Searches using 'adoption and adopted and adoptee' returned more relevant results. Due to the alternative meaning of the word adopted.
- Consideration was also given to the difference in the US and UK spelling of centered/centred.
- Searches used the University of Chester's Online Journal Portal; 'CINAHL Plus with Full Text (EBSCO)' and PsychINFO databases.
- Physical and eBooks were sourced from the library in the University of Chester and online using; Amazon, Ebay and Abebooks.
- Journal articles were also found using Google Scholar.

- A journal called 'Adoption Quarterly' was found and some searches were completed using more specific terminology e.g. Person Centred although this did not return any results.
- Searches were also completed using some 'key themes' from adoption literature e.g. secrecy, abandonment etc (see above). This returned only a few additional results.

Example of searches used:

1. Adoption and counselling or therapy or psychotherapy or treatment
2. Adoptee and couns* or therap* or psychotherapy* or treat*
3. Adopt* and couns* or therap* or psychotherapy* or treat*
4. Adoption and adopted and adoptee and couns* or therap* or psychotherapy* or treat* and
5. JN 'Adoption Quarterly' and person-centred or child-centred or person-centered or child-centered or centred or centered
6. Adoption and adopted and adoptee and intima* or secre* or relation* or dissociat* or lie* or hidden or myth* or truth* or fantas* or phantas* or abandon* or reject*

Appendix 3

The Necessary and Sufficient Conditions (Rogers, 1957, p. 96)	
1.	Two persons are in psychological contact.
2.	The first, whom we shall term the client, is in a state of incongruence, being vulnerable and anxious.
3.	The second person, whom we shall term the therapist is congruent or integrated in the relationship.
4.	The therapist experiences unconditional positive regard for the client.
5.	The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client.
6.	The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

Appendix 4

The 25 Aims Relating to Personal Development: Awareness, Understanding and Experimentation with Self (Mearns, 1997, p. 98)	
Self-structure	
1.	Awareness of introjected beliefs about Self and how these influence self-concept and behaviour.
2.	Awareness of personal process of 'dissonance reduction' and how these are involved in the 'social construction of reality'.
3.	Understanding how social and personality dynamics have influenced the development of Self.
4.	Understanding the 'conditions of worth' which operated in own early development and how these continue to influence self-concept, personal development and work with clients.
5.	Identification of the stages of movement through personal transitional experiences.
6.	Development of sufficiently strong sense of personal identity to resist being drawn into the client's pathology.
7.	The achievement of a significant degree of 'self-acceptance'.
Self in Relation	
8.	Awareness of introjected beliefs about others and how these influence a person's perception and behaviour.
9.	Awareness of enduring patterns in own behaviour within interpersonal relations and needs and fears upon which these patterns are based.
10.	Awareness of the assumptions, introjections, needs and fears upon which personal prejudices are based.
11.	Reduction or control over the influences of personal prejudices.
12.	Awareness of the way in which own sexuality is expressed within personal and professional relationships.
13.	Understanding of personal as distinct from psychological theories of human behaviour.
14.	Challenging of the dimensions of Self that inhibit the achievement of mutuality in therapeutic relationships.
Self as a Counsellor	
15.	Awareness of the ways in which personal prejudices influence judgement and behaviour in the counselling setting.
16.	Awareness of the 'blocks' inhibiting personal development with respect to the expression of the 'therapeutic conditions' of empathy, unconditional positive regard and congruence.
17.	Understanding the dynamics of Self which create vulnerability to 'over-involvement'.
18.	Understanding the dynamics of Self which create vulnerability to 'under-involvement'.
19.	Awareness of the projections which own behaviour is inclined to encourage in clients and questioning of the motivation underpinning those behaviours.
Self as a Learner	
20.	The ability to develop personal learning goals;
21.	A disposition to examine critically and systematically personal understanding, attitudes, and skills.
22.	A confidence to tolerate and learn from the uncertainty which may stem from having assumptions and attitudes challenged.
23.	A disposition of openness to experience as it relates to the Self, and an acceptance of responsibility for own behaviour and own learning.
24.	The ability to use the products of consultation with others as a part of the process of self-appraisal.
25.	The capacity to appraise Self openly and accurately.

Appendix 5

Research Advert



Research Participants Needed

Are you a qualified **Person-Centred counsellor** who was **adopted** as a **baby**?

Are you able to spare approximately 2 hours to help with research in this area?

If so, I would really like to hear from you.

I am a student on the M.A. in Clinical Counselling at Chester University. As part of my course, I am conducting research into the experiences of Person-Centred counsellors who were adopted as a baby and am interested in finding out about how their training has impacted them.

If you would like to be involved, please email Charlotte Hannah Parkes
1327305@chester.ac.uk

Valid until: 31st July 2019

Appendix 6

Research Interview Schedule		
Interview Plan		
1	•	Can you tell me what you know about the circumstances of your adoption?
2	•	How did being adopted impact you growing up?
3	•	Can you tell me about your Person-Centred training?
4	•	How did your training impact your understanding of yourself?
5	•	How did being adopted impact upon your training?
6	•	Did you focus on your adoption at any points during your training, if so please can you tell me about this?
7	•	In what ways, if any, did your Person-Centred training change your understanding of yourself/being adopted?
8	•	What else would you like to say regarding your Person-Centred training and being adopted?

Appendix 7

Person-Centred Qualities	Adoption Difficulties
Authenticity	Identity confusion/Fantasies
Congruence	Not having a voice/People pleasing Fear of being seen/hiding true-self
UPR/Acceptance/Non-judgemental	Fear of rejection/abandonment Conditional relationships (core) Low self-worth/Feeling 'bad'
Relational depth	Struggle with intimacy

Themes from interviews			
	Alison	Charlotte	Ruth
Genetics/Physicality/Genetic mirroring		✓	✓
Controlling adoptive parents	✓	✓	
Screaming inside/no voice	✓	✓	✓
Fitting in	✓	✓	✓
Grief/Loss	✓	✓	✓
'Special'	✓	✓	✓
Inner-baby		✓	✓
Inner-teenager	✓	✓	
Preverbal/precognition	✓	✓	✓
Significance of 'adopted as a baby'	✓	✓	✓
Survival	✓	✓	
People pleaser	✓	✓	
Primal Wound/Adoption scars	✓	✓	
Anger	✓	✓	✓
Sadness	✓	✓	✓
Struggle with trust/openness	✓	✓	
Tutor influence	✓	✓	✓
Freedom/permission for self-discovery	✓	✓	✓
Autonomy/Powerlessness	✓	✓	✓
Lost	✓	✓	
Weird	✓	✓	✓
How others see you (on course)	✓	✓	✓
Person-Centred Theory	✓	✓	✓
Cut off/shut off from self	✓	✓	✓
Internal battle/Struggle	✓	✓	✓
Helping others	✓		✓
Trauma	✓	✓	✓
Continuing journey	✓	✓	✓
Feelings unchanged despite contact with birth mother	✓	✓	✓
Fear of rejection/abandonment	✓	✓	✓
Rejected becomes rejector	✓	✓	✓
Hiding/distancing/withdrawing	✓	✓	
Errors in/lack of information	✓	✓	✓
Significance of group work	✓	✓	✓
Becoming grounded	✓	✓	✓
Felt sense	✓	✓	

Appendix 8

Extracts from Alison, Ruth & Charlotte Emergent Themes Analysis

- Column 1: Emergent Themes
- Column 2 & 3: Transcript
- Column 4: Exploratory Noting

Alison – 3 Random Pages.

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*Birth mother – felt right/connection.	Participant	Yeah, <u>yeah</u> I guess so yeah. <u>Yeah</u> I felt like I'd come home and um I just felt really it was just really... like it just felt right I think is the only way	<ul style="list-style-type: none"> • Meeting birth mother, powerful connection – felt right.
	Interviewer	That's a <u>really powerful</u> phrase 'come home'	<ul style="list-style-type: none"> • Come home reminds me of the title of a book about adoption, I wonder about the origin of this phrase – felt significance regardless of origin.
	Participant	Yeah, yeah and it's the only way yeah	
*Instant connection with birth mother.	Interviewer	The connection (yeah)	
	Participant	Yeah	
	Interviewer	So, how did being adopted impact you <u>growing</u> up?	
*Awareness – don't fit in. *Awareness 'different'. *Other's needing you to 'fit in'. *Awareness of adoption as a child. *Distancing – confusion.	Participant	Um... I think there was always an awareness that I felt different um... didn't quite fit in... you know I remember people saying things like oh you know you're the image of Auntie Mable or the image of your dad (mmm) and then I'm thinking but I'm not really the image of them, you know there was always that knowing that that is just what other people need to, they need to make you fit in kind of thing (right) for their own sake in a way (yeah) um... there was always that kind of, I suppose even as a little one, you know just knowing that I need to remain separate from that a bit because it's not quite right again it's not quite true.	<ul style="list-style-type: none"> • Awareness of feeling different and not fitting in. • Physical similarities affirmed by others because they want you to fit in – their needs not mine. • Physical similarities not true – keeping self separate not arguing but distancing from the make-believe of others. – Not quite right.
	Interviewer	So, it sounds like a distancing (yeah) from it (<u>yes</u> I guess so yeah yeah) not feeling that connection to what they were	

		Jewish, did you, did you feel a connection to that or was that something that was...?	
<p>*Religious identity – became a part of me.</p> <p>*Religious identity – fitting in.</p> <p>*Religious identity – feeling trapped.</p> <p>*Adoptive mother controlling.</p> <p>*Feeling controlled.</p> <p>*Anger and feeling trapped.</p>	Participant	Um, again it because it was a very kind of cultural it's like a very much a way of living (yeah) it became kind of very part of me (mmm) and in many ways I really liked it coz it's, it is um a very warm and caring kind of community to live in um...but I think I felt angry when I was told that I couldn't marry someone that I... I think when I got to being a teenager (mmm) and um I went out with a guy that wasn't Jewish my mum said to me, my adoptive mum said to me oh you know it's fine going out with these men but you know you certainly won't be marrying them and I remember her in the kitchen, she was cooking and she was, she was really adamant that it would never turn into anything (right) and I remember then just feeling really angry coz I thought she has no right to do that, to dictate to me what I, what I can, who I can marry, you know making judgements for me mmm	<ul style="list-style-type: none"> Religion – all consuming and adopted by adoptee; culture, lifestyle etc. Angry ant feeling told what to do by religion and adoptive parents. Ok to please people but not ok to be told what to do... wouldn't that please people? Anger at lack of choice, feeling trapped but not expressing this.
	Interviewer	So, angry about being told what to do (yeah) even though you did everything you could (yes, yes) to please other people (yes, yes) you didn't want to do what they told you	
*Identity issues – need to find self.	Participant	No, I wanted to have a choice (choice) yes (mmm) I needed to find myself really and I think that was my struggle all the time	<ul style="list-style-type: none"> Struggle with identity and wanting to find self but not having the opportunity/freedom to.

*Fear of 'real self'. *Identity confusion.		trying-running away from, running away from my real self you know (mmm) because I didn't know how to reach me I think	
	Interviewer	I didn't know how to reach me...it sounds quite scary	
*Fear of abandonment.	Participant	Yeah, it was very very scary yeah. It is very scary (still is) yes but less so	
	Interviewer	What is it that's scary?	
*Training; own therapy useful in understanding issues.	Participant	I think, for me, I think it's and I have done a lot of work on myself in therapy around this but I think it is the abandonment that's scary.	<ul style="list-style-type: none"> Scared of being abandoned – scared to connect to self for fear of experiencing further abandonment.
*Fear of abandonment.	Interviewer	Mmm , can you tell me a bit more about how you experience that?	
<p>*People pleasing; fear of abandonment.</p> <p>*People pleasing = need.</p> <p>*People pleasing; abandon myself or everyone else.</p> <p>*People pleasing; cannot risk shame.</p> <p>*Abandoned self to please others.</p>	Participant	Yes, I mean I think that's why I've always had to please everybody because I was so scared of being abandoned again (yeah) and I think when all this happened um you know just before getting married I think then really I realised I didn't even really want to marry X he was a lovely man but I didn't really love him um I sound very Mancunian then...yeah I kind of it was wrong there was something very wrong about it, um and that felt scary but yet I felt do I either abandon myself or I abandon everybody, do I cancel this marriage and risk the shame I would cause to everybody...and at that time I felt I couldn't so I had to abandon myself	<ul style="list-style-type: none"> Had to please people, not a choice, did so because she was fearful that if they weren't pleased, they may abandon her as her birth mother had. Married to please others and prevent the shame of cancelling the marriage. Poignant; abandon myself or abandon everyone...I had to abandon myself.

Ruth – 3 Random Pages

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*Low self-worth; lessening significance of struggle with adoption. *Self-awareness; noticing struggles.		isn't so bad (mmm) however, it probably is because I don't actually need to compare it to anybody else, for me, for my life, for this experience, yeah I would use different nouns like this lovely thing that's happening as opposed to this battle and this struggle (yeah) it's probably not that easy.	
	Interviewer	Yeah, ok, you sound quite safe within it (yes, umm... yeah) ok so how did being adopted impact you <u>growing</u> up, you've kind of mentioned that so it was mainly the physical aspect?	
*Impact of parent's divorce; triggering adoption issues. *Identity issues; struggle as a teenager. *Impact of parent's divorce; loss of safety *Family life = safe place. Impact of loss of this. *Low self-worth.	Participant	Yes, the physical side of it was hard and I think again like I say puberty and um...the biggest thing was like I said when my parents divorced and it was a very acrimonious divorce and it was almost like...the adoption opened the door but I was within the room and so I didn't really know I was kind of in this holding room and that was ok (mmm) um I was dealing with things I was very happy, I had a very happy childhood...the divorce kind of closed the door um...and closed the door to the um innocence and the ease of what I thought was going-what I thought was life as it	<ul style="list-style-type: none"> • Struggle with physical differences of adoption. • Impact of puberty and parental separation on adoption issues; triggers. • Imagery; adoption opened door/happy in a room/divorce closed the door. Trying to understand what the image means and what the various components are. Sounds like the room is a SAFE PLACE where she lacks awareness of negative things. She also refers to the 'room' as a bubble/parenthesis – in the bubble is happy and innocent and the divorce burst this bubble and made her feel the

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<p>*Significance of training; supportive environment. *Significance of training; group dynamics important. *Significance of training; group/family</p> <p>*Significance of training; learning from roles in group.</p> <p>*Sharing adoption issues in group environment; <u>really, big</u></p> <p>*Working through difficulties related to adoption in the group setting. *Developing self-awareness in groups. *Tutor influence – maternal figure.</p>		<p>own reflections um...but more than that, or alongside it...what happens in the process and observing what you are doing in doing that, I think is huge learning (mmm) so for example if we would be in um our peer group and...which is an amazing thing it's very well planned out that you have people who are supporting you and you share it in different ways facilitated by a tutor or supervisor and again that 1-1 supervision was amazing but um...my role in that group setting, what I did do, what I didn't do um why I didn't do things (mmm) why I didn't want to share about me, when I did share about me, what was I sharing and to what end (mmm) and...I don't think you can always get that on a 1-1 because I think as we know in the group dynamics there is something else that happens, there is another layer there, there's another quality in...what's happening between people and I think it's quite reflective of what happens in a family so even though (ok) we might be in a group of 8/6 whatever, coming from a group of only 4 in the family...there is something that happens and I've</p>	<ul style="list-style-type: none"> • Observing the process; developing awareness of self and understanding your reactions/behaviour. • Tutor influence/supervision; amazing thing, supportive. • Noticing self in response to others/situations etc; what I did/didn't do and why etc. • Training; significance/importance of group dynamics. • Thinking of a 'group' in terms of another 'group' e.g. 'family'. How I am in the group is how I am in my family – roles, personality.
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	Interviewer	Aww...so, earlier what you were saying about not fantasising (yeah)...that sounds like a fantasy?	
*Conflict; inner-child & adult-head.	Participant	Correct and that's what I said it's a very, very young thought, it a very and-	<ul style="list-style-type: none"> Inner-child fantasising – her adult head knows this isn't possible but her child can't help wondering.
	Interviewer	That's still with you.	
<p>*Internal conflict; feelings & thoughts.</p> <p>*Adoption fantasies; always dreamer, romanticist, fantasist.</p> <p>*Adoption fantasies; escapism.</p> <p>*Struggle with adoption fantasies; silly, childish <i>and</i> exists within me.</p> <p>*Adoption fantasies; 'don't work'.</p> <p>*Self-blame.</p> <p>*Negative self-perception.</p>	Participant	<p>Yeah and it's...and I-I-I battle with it because I'm always thinking no, no, no I shouldn't be thinking that but I think...what if...? ...I was always a dreamer, always a romanticist, always a fantasist and I think because that was my got to-I was always a big reader and I loved that-that was my go to and because it never worked...now as I'm talking to you and I'm talking from a particular place now (mmm) where I'm you know...I think I've kind of quelled that because I'm thinking that's silly and it's childish and it doesn't work and it's wasteful but really it does exist within me as well at the same time (mmm) um...</p>	<ul style="list-style-type: none"> Internal conflict – fantasising and struggling not to. Adoption fantasies; a dreamer, a romanticist, a fantasist. A big reader; reading sounds like escaping into a different story and wanting to change her own story. Cognitive and emotional conflict; doesn't want to fantasy yet can't not. Self-blame/negative perception of self; fantasising is silly and childish, wasteful and doesn't work...and I fantasise...if it did work, she would be adopted.
	Interviewer	<u>So</u> you don't want to waste energy speculating (but) <i>and</i> you do waste energy speculating (yes)...and is it a waste? (Um...) It feels like a waste?	

Charlotte – 3 Random Pages

*Search and research	Participant	Yeah (laughs) I needed to look at um...research for my dissertation and I was adamant that, I was like I know I need to search that was how I was going to resolve my adoption issues. I was quite clear on that from before I decided on my dissertation topic um...	<ul style="list-style-type: none"> Laughs – course gave clarity regarding adoption issues. Thought searching for her birth mother was going to resolve adoption issues. Refers to the search with definite terms; need, adamant, clear. Dissertation suggests a 'need' for research topic Link between 'search' and 'research'?
	Interviewer	So, when was it first that you realised you needed to search?	
*Need to search – all consuming.	Participant	It was probably around the April or May of the second year so I hadn't really thought about what my area of research was going to be (mmm) um...but it was fairly quick...quickly after realising adoption was an issue that I decided I needed to search (mmm) um...and I knew that it was going to take up a lot of my time but at first I was kind of very resistant to the idea of it being anything to do with my research because it felt like a really personal thing that I just needed to do (mmm) um...but kind of as time went on I just thought it was becoming all-consuming and I didn't know that I'd have space for another topic (mmm) um...	<ul style="list-style-type: none"> Timeline Research topic not as easy to decide upon as the need to search for her birth mother. Needed to search, why? Is the need to search an obvious response when you realise you have adoption issues? Looking outside of yourself? The word '<u>need</u>' used a lot with 'search'. Adoption issues are personal. Adoption issues became 'all-consuming' – no space.
	Interviewer	It sounds like there's something quite practical in that as well?	

	Participant	I read lots of other stuff...I'm trying to remember her name...Betsy...I can't think what her name is...	
	Interviewer	Oh, Betty Jean Lifton ?	
*Significance of training; adoption literature = increased awareness.	Participant	Yeah Betty Jean Lifton um...I've got a whole list of books, I've still got most of them at home <u>actually</u> . I read loads of stuff around the area.	<ul style="list-style-type: none"> She acknowledges adoption literature – seems to have read and own books on this subject – some of the ones which explore adoption difficulties.
	Interviewer	And how was that? Because that, presumably was the first time you started reading the literature was whilst you were training?	
*Impact of literature; Primal Wound - slapped around the face with a wet fish! Oh my God that's me on a plate! *Lack of awareness of adoption issues.	Participant	Yes, I think the first thing I started reading was The Primal Wound and I think within the first page I felt like I'd been slapped around the face with a wet fish um...it was just like oh my God that's me on a plate! I didn't even realise that was an issue um...	<ul style="list-style-type: none"> Again, refers to <i>The Primal Wound</i> powerful image of how much just reading the first page impacted her (I can relate to this). 'Slapped around the face with a wet fish' and 'that's me on a plate'. Adoption issues coming into her awareness suddenly and accurately.
	Interviewer	So, reading the books and seeing yourself...?	
*People pleasing; 'good child'.	Participant	I just saw myself as...as the 'good child', my brother was the rebel, I was the 'good child'...I was the one who kept quiet to keep the peace and be who everyone wanted me to be...	<ul style="list-style-type: none"> She was the 'good child' - black and white thinking. How she saw herself as a child – quiet, not arguing, being how others wanted her to be – no awareness or consideration of her own needs.
	Interviewer	So real shock...?	

*Answers will kill adoption fantasies.	Participant	Yes, but it was <u>actually quite</u> scary to kill the fantasy.	<ul style="list-style-type: none"> She wanted to ground herself in knowledge, this means no longer being able to fantasise. She acknowledges her fear regarding this.
	Interviewer	Yes, because a fantasy can be anything you want it to be!	
*Fantasies – don't matter.	Participant	Exactly, yeah, you can be who you want in a fantasy, it doesn't matter.	<ul style="list-style-type: none"> Fantasies are safe/familiar and can change to your will/whims – fantasises = avoidance. Change like the wind – the balloon in the wind.
	Interviewer	Mmm you can change...like the balloon in the wind?	
	Participant	Yes, exactly yes so there was that...but it was no, I need to know	<ul style="list-style-type: none"> She had a clear need to know – I have a fear, she doesn't. The need sounds like a longing.
	Interviewer	So, a longing as well (yes) a longing for answers (yes) for all these questions that were blowing the balloon around?	
	Participant	Yes, yes, exactly.	
	Interviewer	So real bravery as well (yes) to face things.	
*Search; facing demons, independence, identity.	Participant	Yes, yes, it was facing my demons um...completely (mmm) but going it alone, it felt like I'd got to face the dragon on my own (mmm) um...	<ul style="list-style-type: none"> Facing demons – no more fantasies Going it alone sounds like the development of a 'true-self' as an independent entity/identity – not relying on or pleasing others – no longer tangled.
	Interviewer	The dragon was...?	
*Fear of finding identity. *Self-blame, fear of rejection – innate	Participant	The fear...of who was I? Was I rejected because I was bad? All these things that you don't want to say	<ul style="list-style-type: none"> The dragon = fear of self - who am I, what if I am a monster? Blaming herself for the adoption – rejected for a 'good' reason.

Appendix 9

Extracts from Individual Participant Emergent Themes

Alison

Alison			
*Adoption – my story.	*Religious identity – fitting in.	*Religious identity and significance of birth.	*Training; self-awareness.
*Meeting birth mother – overwhelming 'come home'.	*Religious identity – feeling trapped.	*Conflict between adoption and religion.	*Training; true to self
*Birth mother – felt right/connection.	*Adoptive mother controlling.	*Religious judgement on birth.	*Incongruence; I had to be to survive.
*Instant connection with birth mother.	*Feeling controlled.	*Religion and adoption – passed on through birth mother.	*Training; feeling accepted.
*Awareness – don't fit in.	*Anger and feeling trapped.	*Impact of religious judgement on adoptee; second rejection.	*Impact of incongruence on self.
*Awareness 'different'.	*Identity issues – need to find self.	*Religious judgement; anger.	*Training adoption mentioned in every assignment.
*Other's needing you to 'fit in'.	*Identity struggle	*Religious identity taken away.	*Training; strong relationships with peers.
*Awareness of adoption as a child.	*Felt sense – right inside.	*Not being accepted by religion.	*Impact of placement.
*Distancing – confusion.	*Out of touch with organismic self.	*Religion and adoption; identity conflict – pain	*Training; awareness of attachments.
*People pleasing	*Incongruent self-concept.	*Religious identity & adoption; confusion.	*Training; self-awareness.
*Fear of rejection	*Struggle with congruence/authenticity	*No control – religious identity.	*Significance of biological kin; completely happy.
*Working hard to be loved.	*Desire for congruence between self-concept and organismic self	*Training; learning about Psychoanalysis.	*Importance of being heard.
*Good daughter	*Training – understanding of organismic self & self-concept.	*Training; imagery and understanding dream	*Placement; those who needed to feel heard.
*Feeling angry and uncomfortable about pleasing others.	*Organismic self = fighting	*No voice – developing a voice during training.	*Prison; feeling trapped.
*Impact of people pleasing – marrying to please.	*Self-concept = pleasing others	*No voice; realising I have a choice.	*Placement; feeling authentic.
*Impact of religion on adoptee.	*Self-concept = fit in	*Adoption issues apparent in all aspects of training.	*Placement; being genuine
*Not born Jewish – brought up Jewish; religious identity.	*Self-concept = far from organismic self	*Residential masks activity.	*Training; feeling understood and wanting to offer this to others.
*Living in flight.	*Training = dialogue to understand inner struggles.	*Realisation; lack of congruence.	*Placement; being authentic.
*Attachment	*Loud self-concept and quiet organismic self.	*Mask; hidden pain	*Placement in prison; feeling free.
*Fantasy	*Organismic self – screaming	*Impact of 'mask' on others in group.	*Placement; feeling safe.
*Distancing from relationships -intimacy	*No voice – real me screaming.	*Realisation; I was lost.	*Weird; negative self-judgement.
*Fantasy	*No voice – silent scream.	*Training; realisation that I was lost.	*Freedom; being authentic
*Religious identity – became a part of me.	*Religious identity dominant.	*Training; shocked at others' reaction to her hidden pain.	*A sense of freedom; able to be authentic.
			*Free and protected from her non-authentic self.

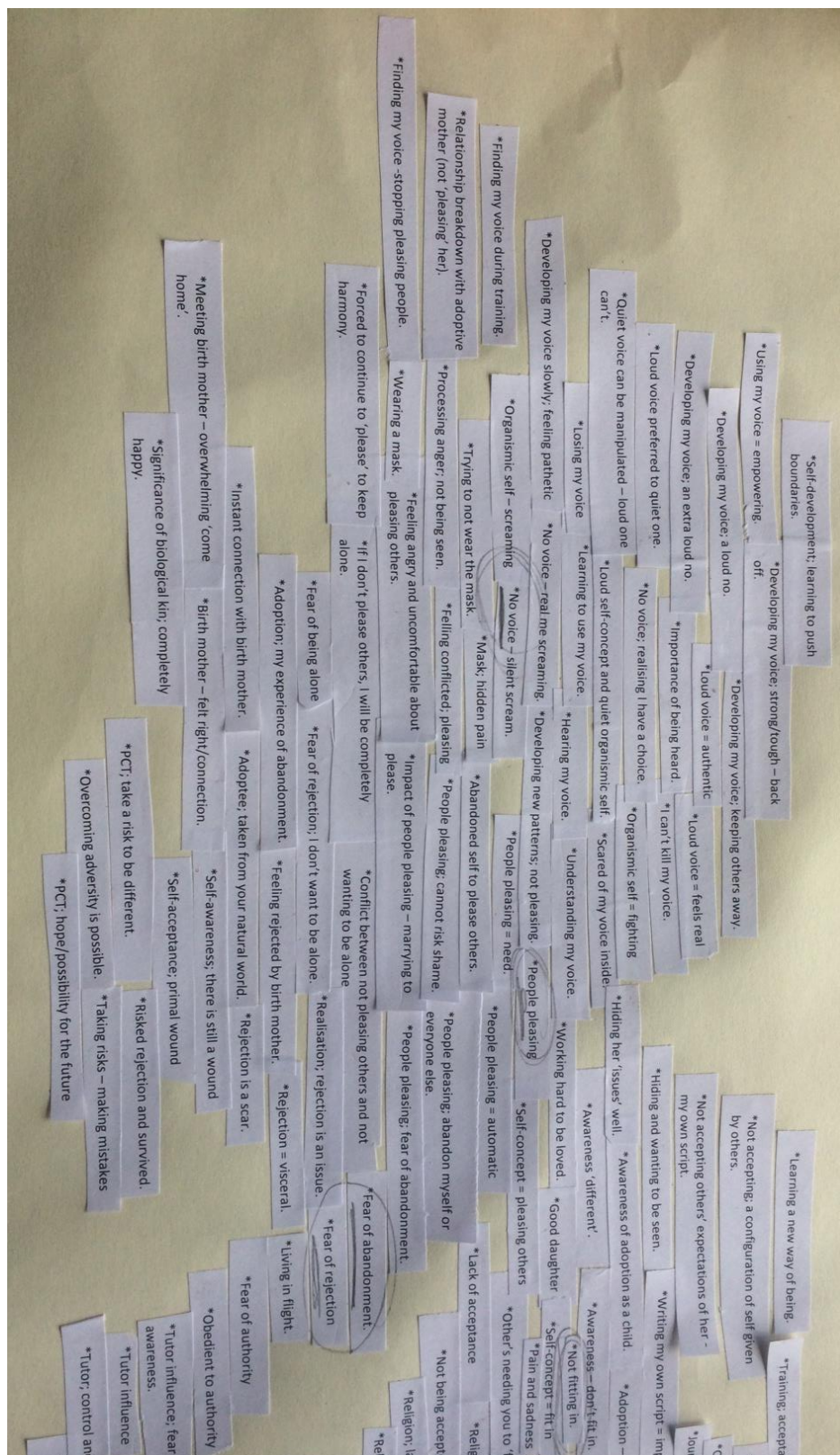
Ruth

Ruth	*Changes in society's understanding; child development & attachment.	*Lack of physical identity; trying to find/make a connection.	*Identity issues; feeling one-sided; no connection to birth father.
*Adoption – 'my story'	*Impact of adoption on her development.	*Strong connection to adoptive parents.	*Feeling one-sided; impact of religion – weighting on one side.
*Adoption narrative changed and evolved – 'journey'	*Impact of adoption; attachment issues.	*Unable to hide; people noticed.	*Adoption issues; ambivalent feelings.
*Impact of religion on adoptee.	*Impact of religious prejudices on adoption; identity.	*Being judged/noticed; impact of others on self-perception.	*Lack of full identity.
*Distance from 'self' before being adopted.	*Impact of religious conflict on adoption	*Lack of physical identity; constant reminder.	*Identity; connections to one-side highlighting lack of connection to other.
*Lack of connection/attachment.	*Lack of connectedness to birth mother; 'she'.	*Identity issues; impact of physical differences on 'self'.	*Impact/significance of religious identity on adoption.
*Negative self-perception.	*Need to 'tell story'.	*Others noticing physical differences – not able to forget adoption, always there.	*Strong religious identity on one side.
*Connection to adoption – life started.	*Lack of information; importance of what there was.	*Realisation; I'm different -struggle/hard.	*Searching for religious identity; other side.
*Low self-worth.	*Lack of information; errors in information.	*Impact of physical differences; very hard/feeling noticed.	*Understanding genealogy through religious history. – conflict/persecution.
*Negative self-perception.	*Adoption; impact of physical differences.	*Preverbal issues; not named but felt.	*Identity struggle; fantasies.
*Connection to adoption – life started.	*No genetic mirroring.	*Lack of genetic mirroring; negative impact.	*Adoption fantasies; wanting to belong.
*Impact of religion on adoptee – God taking 'blame' away from birth mother.	*Genealogical bewilderment.	*Physical differences; lack of belonging connections.	*Adoption fantasies; pretending.
*Lack of information about adoption circumstances.	*No physical similarities; nothing to 'hook' into'	*Lack of belonging/acceptance.	*Impact of adoption; incongruent. /lack of knowledge.
*Birth mother's shame.	*Struggle with standing out/not fitting in.	*Identity issues; struggle as child and teenager.	*Struggle with congruence; denying part of self.
*Birth-mother's need for protection (not baby's)	*Wanting to fit in/blend in but can't – not allowed to forget adoption.	*Impact of parent's divorce; triggering adoption issues.	*Confusion understanding congruence.
*Impact of religion; feeling accepted.	*Physical differences; lack of connection.	*Adoption issues pervasive; remain after contact with birth mother.	*Lack of physical identity; my body won't let me forget - adoption.
*Impact of religion; gender significance.	*Importance of adoptive parents.	*Adoption issues pervasive; still different, not belonging.	*Genealogical bewilderment; despite contact with birth mother.
*Impact of 'paperwork' on perception.	*Emotional impact of not 'fitting in'; embarrassment.	*Societal changes impacting her; different questions asked.	*Genealogical bewilderment; no physical similarities to birth mother.
*Negative self-perception.	*Struggled with not physically fitting in.	*Physical differences; having to adapt/constant reminder.	*Physical identity; ongoing struggle.
*Lack of connection to self, prior to adoption.	*Religious identity; positive impact.		*Self-blame.
*Lack of post-adoption support.	*No physical identity; genealogical bewilderment.		*Pressure to search.
*Society's views impacting her experience; racism.	*Wanting to fit in but looking different; can't hide.		
*Changes in society's attitudes.			

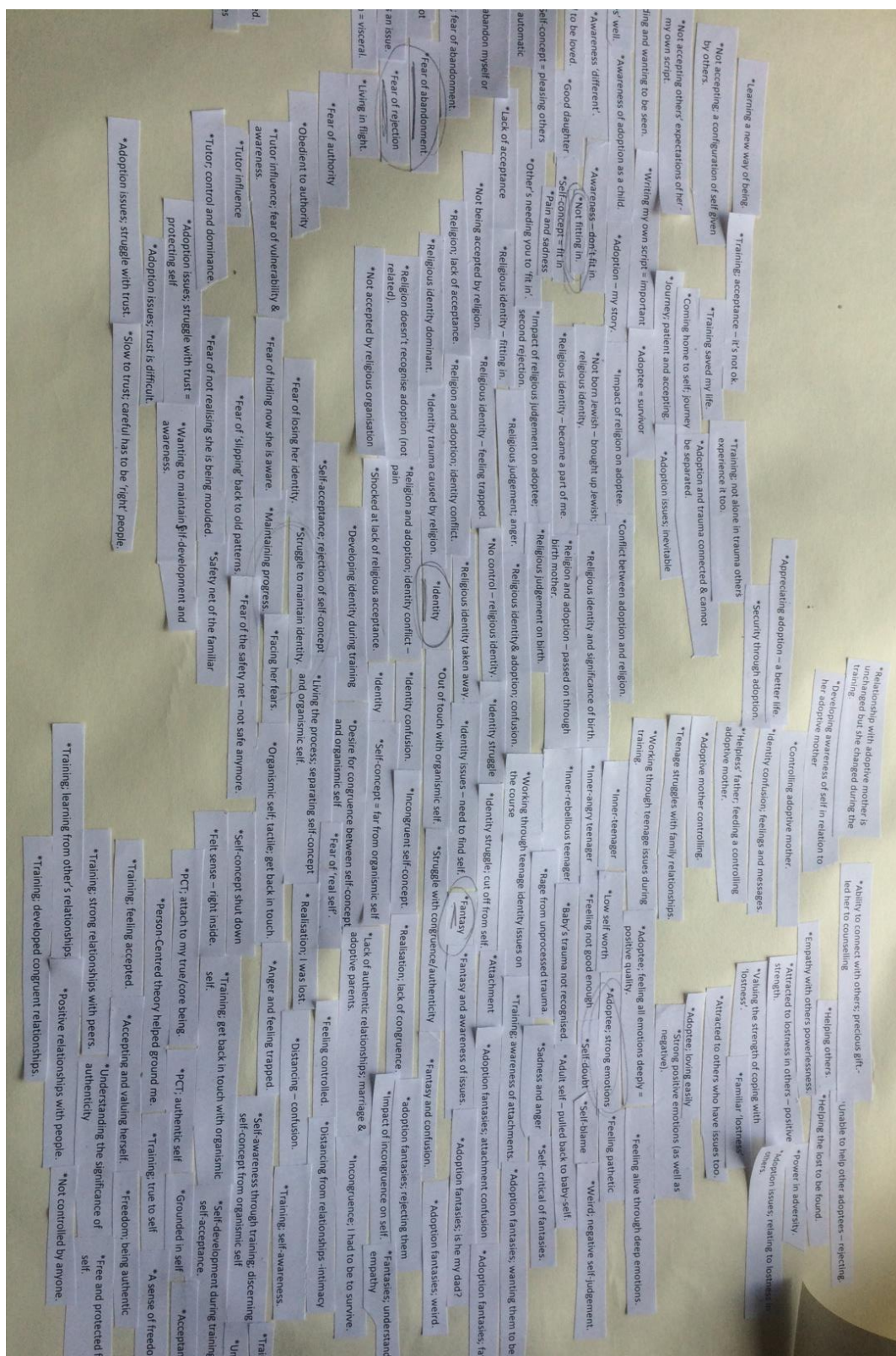
Charlotte

Charlotte	*Surviving rejection	*Lack of identity linked to adoption.	*Not hiding – standing up and being seen.
*Explaining adoption – 'my story'.	*Responsibility for self.	*Feeling rejected	*Low self-worth
*Adoption confusion.	*Adoption fantasies	*Low self-worth	*Keep quiet rather than disagree – fear of rejection/people pleaser.
*Search = healing	*Acceptance	*Pleasing others – lack of identity and fear of rejection	*Significance of training; developing congruence lead to finding a voice.
*No voice – accepting	*Identity	*Lack of awareness	*Hiding – not being seen
*No voice – fitting in	*self-discovery	*Realisation; awareness of adoption issues.	*Lack of conscious awareness – underlying discomfort.
*Lack of awareness.	*Adoption fantasies	*Lack of conscious awareness – something underlying this.	*Significance of the training; incongruence to congruence.
*Influence of adoption on behaviour.	*Anger	*Significance of training – listening, self-awareness.	*Confusion about what congruence was.
*Significance of training; developing awareness.	*Birth father's lack of responsibility	*Rejection difficulties – feeling dismissed	*Significance of training; I hadn't been authentic/congruent = learning to be authentic and have my voice.
*Tutor influence.	*Blaming others	*Adoption scars. Impact of adoption	*Identity
*Realisation; awareness of adoption issues	*Healing	*Awareness of own issues; self-acceptance.	*Significance of training; search for identity.
*Acknowledging negative aspects of adoption; trauma	*compassion for adoptive parents	*Triggers	*Significance of training; journaling
*Significance of training; developing awareness.	*Family connections	*Significance of training; started to be me, developing authenticity	*Image; balloon in the wind to grounded with a connection.
*Realisation; awareness of adoption issues	*Search and research	*Awareness	*Identity; no connection & not fitting in - to grounded.
*Tutor influence.	*Need to search – all consuming.	*People pleasing	*Identity; adoptee
*Significance of course; supportive environment.	*Heuristic = find	*Adoption fantasies	*Identity; self-ownership/responsibility
*Realisation; awareness of adoption issues	*Searching	*Identity – search for self	*Developing awareness; taking responsibility for self – identity.
*Significance of 'family' residential.	*Feeling real/unreal	*Searching = healing	
*Difficulty with adoptive parents.	*Lack of identity	*Significance of the training – developing congruence.	
*Influence of adoption on behaviour.	*Invisible adoptee	*Struggle to be congruent	
*Rigid/black & white thinking.	*Lack of self-worth	*Finding her voice – whisper at first.	
*People pleaser – becoming whatever people wanted = survival technique/mode	*Lack biological knowledge.	*Listening to herself – self-identity	
*Fear of rejection	*No permission to explore this		

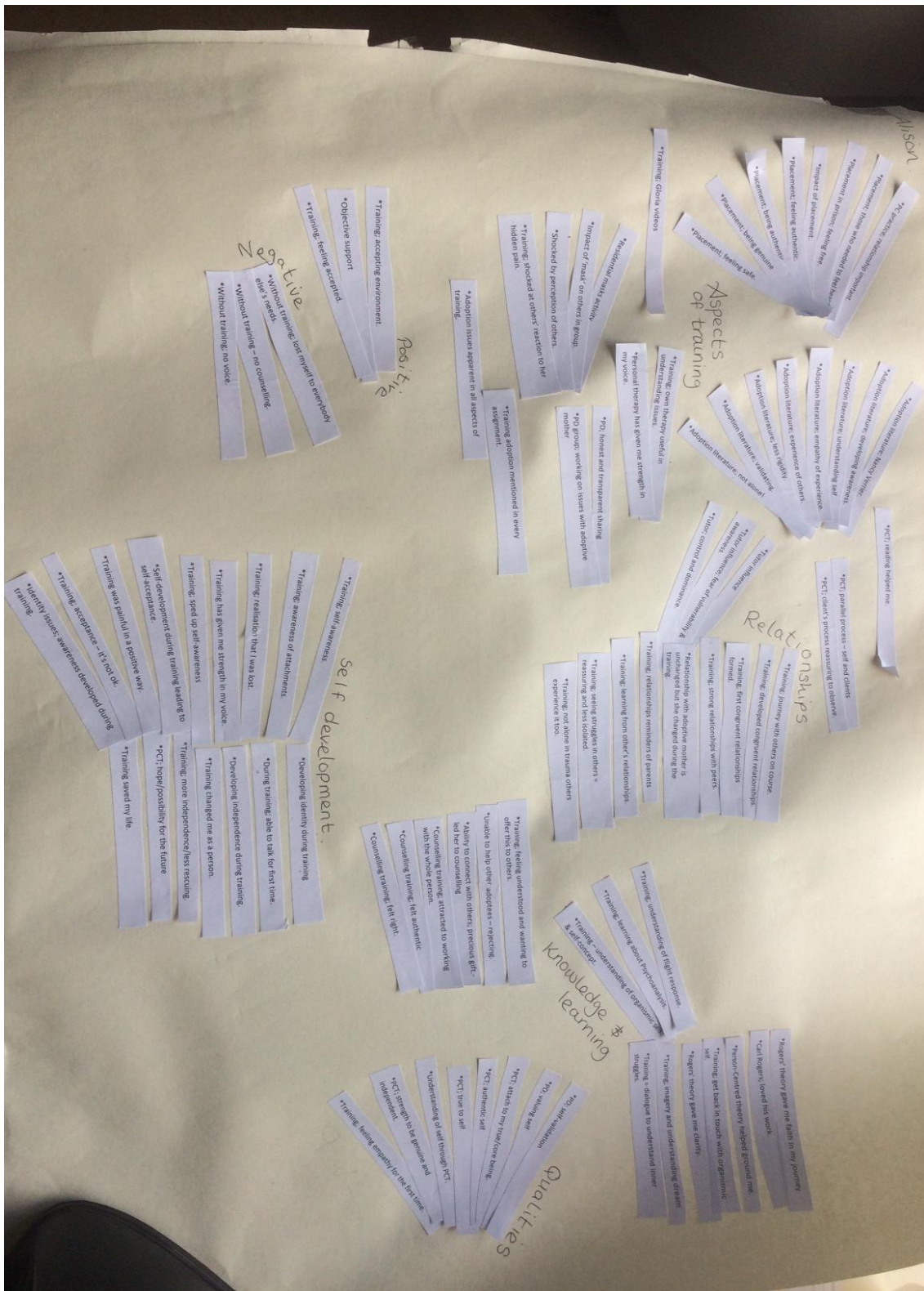
Alison – Adoption Difficulties



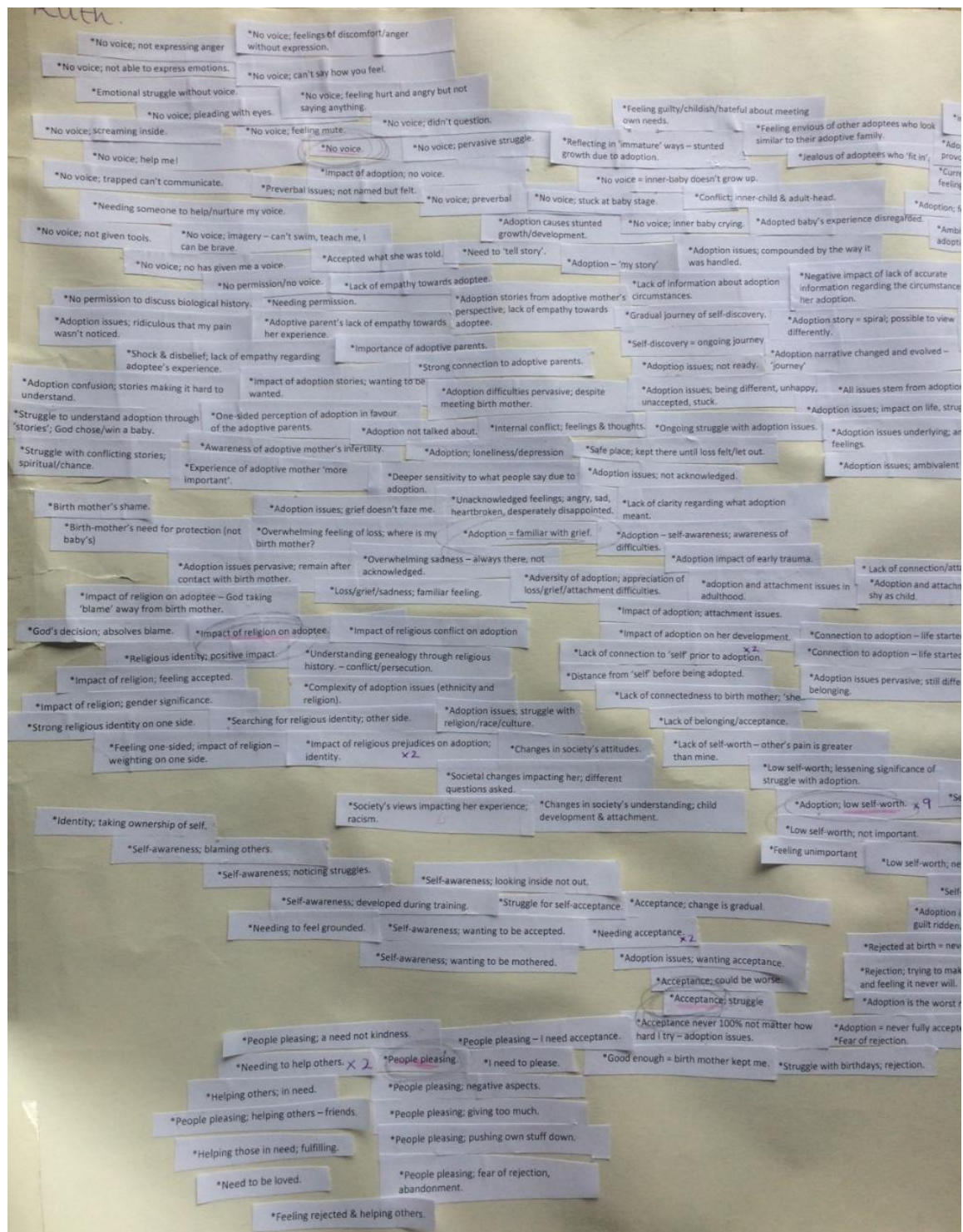
Alison – Adoption Difficulties



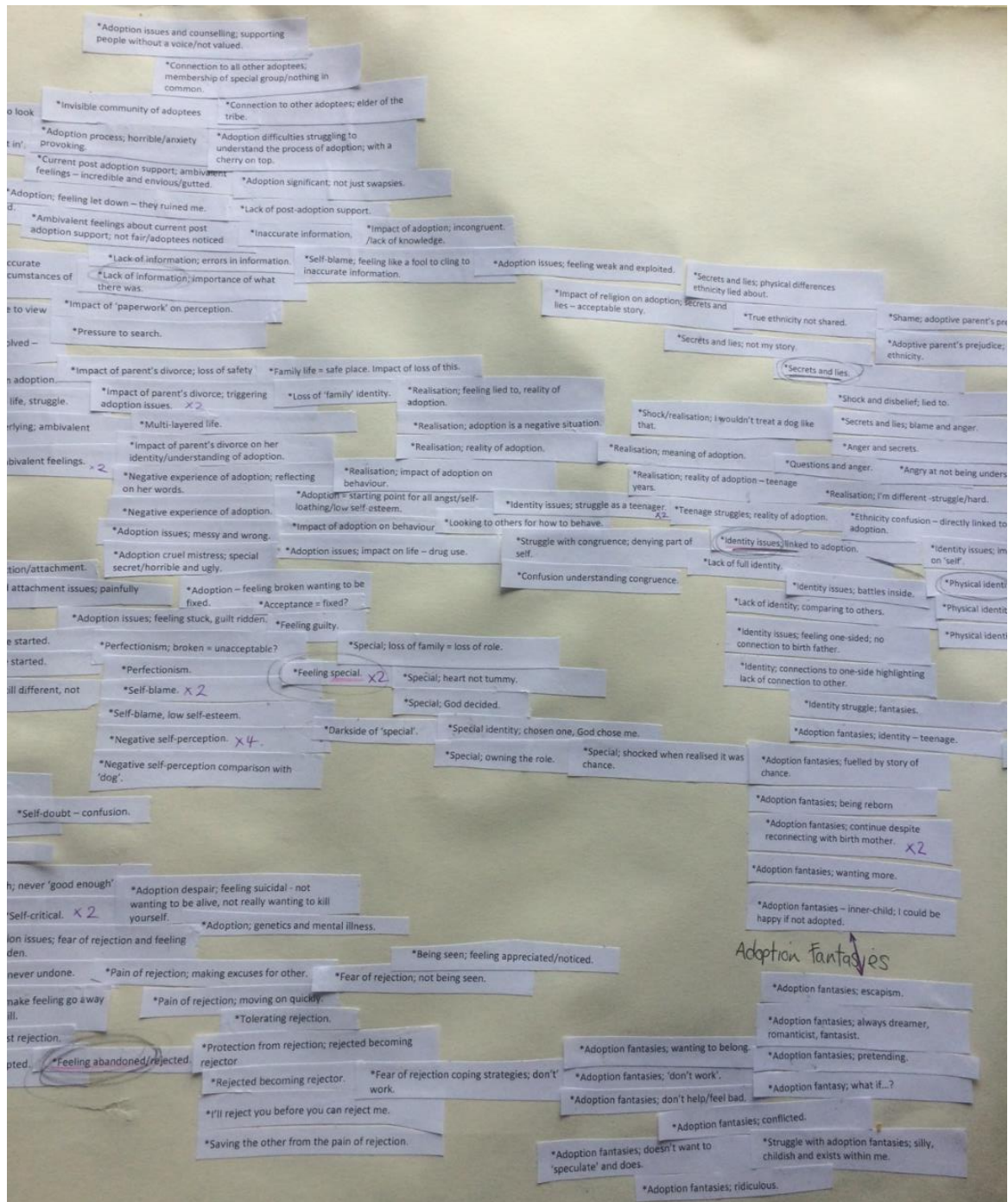
Alison – Impact of Person-Centred Training



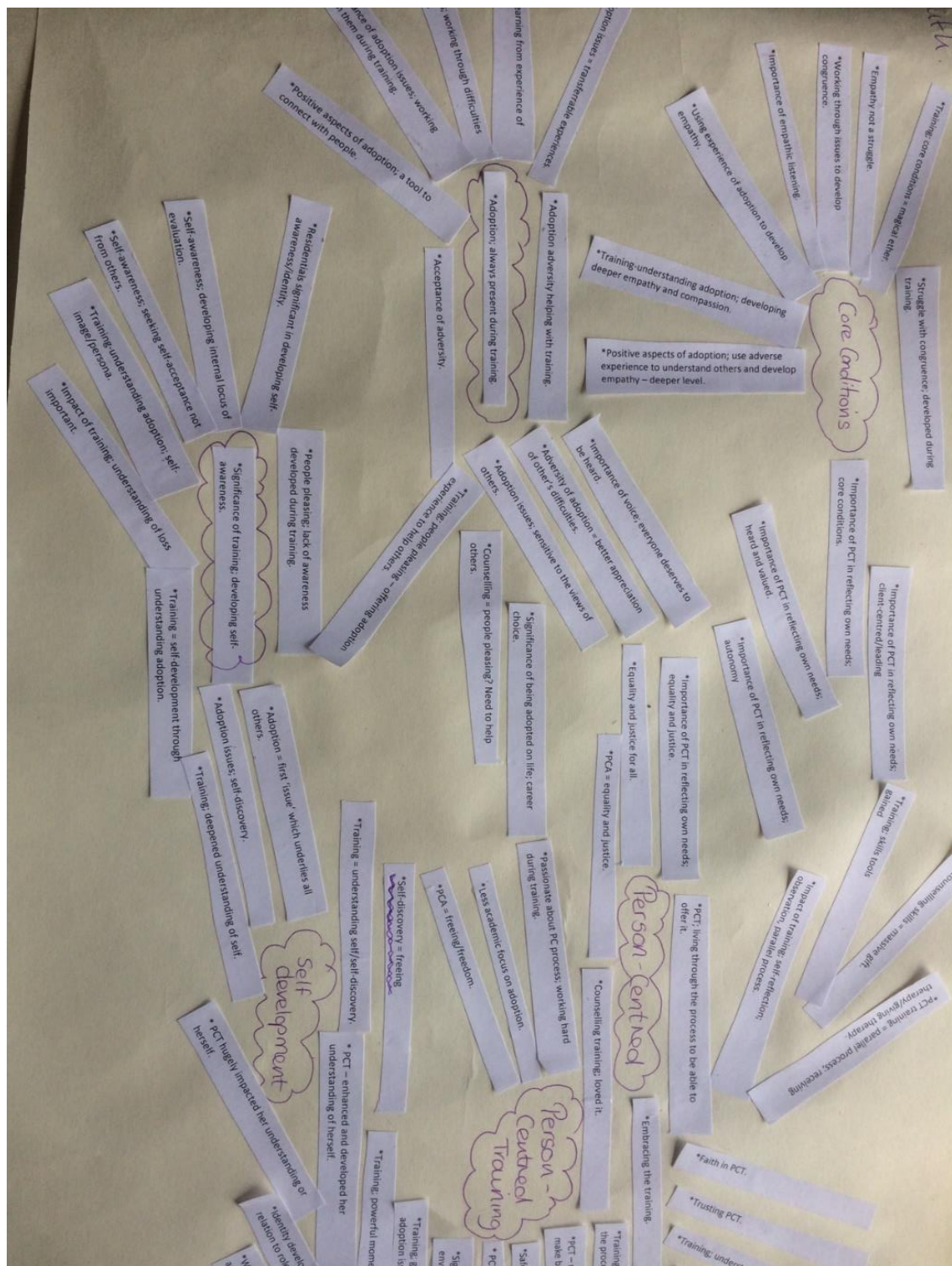
Ruth – Adoption Difficulties



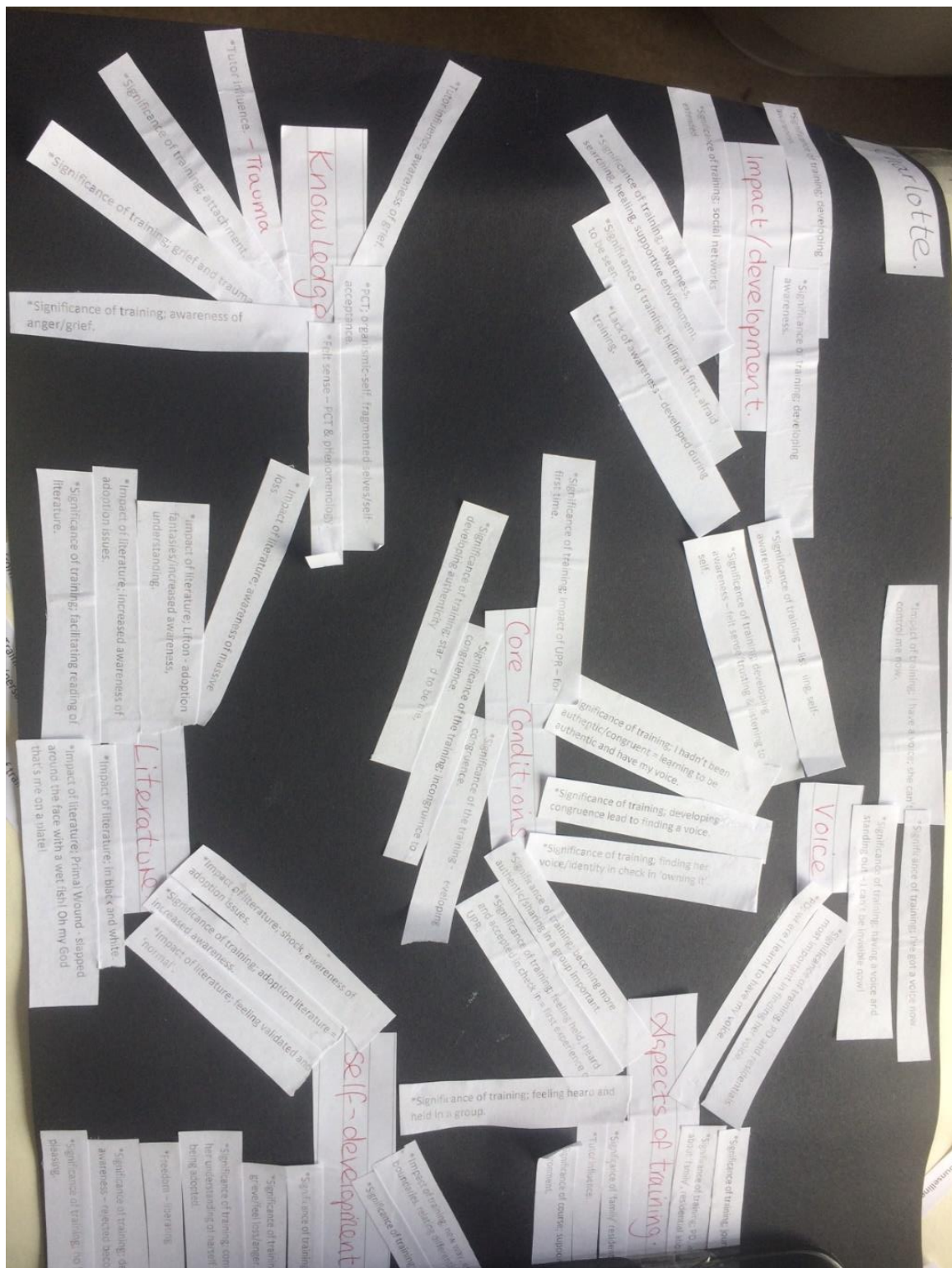
Ruth – Adoption Difficulties



Ruth – Impact of Person-Centred Training



Charlotte – Impact of Person-Centred Training



Appendix 11

Development of Themes for Each Participant

Development of Master & Sub-Themes

Adoption Difficulties

RUTH
Identity Confusion
Physical identity (Genealogical bewilderment)
Religious identity
Family identity (parent's divorce)
Hiding/not fitting in
Lack of acceptance
Adopted as a Baby
Pain
Surviving
Secrecy
Adoptive parent's lies
Lack of information
Errors in information
Adoption Fantasies
People Pleasing
Struggle with acceptance (others/self)
Fear of rejection/abandonment
Low self-worth
'Special' role
No voice/not heard
Grief & Loss
Pain & anger

Impact of Person-Centred Training

RUTH
Core Conditions
Struggle with congruence – finding voice
Deepening empathy
UPR - Feeling heard and valued
Self-Development
Self-discovery
Freeing – permission to explore self
Identity development – authenticity
Finding my voice
Aspects of training
Significance of group work
Perception of others in understanding self
Influence of tutor – maternal figure
Adoption literature – rejecting
Safe/supportive environment
Self-Awareness
People pleasing
Internal locus of evaluation
Self-image/persona
Positive Aspects
Tool to connect with people
Acceptance
Negative experiences = <u>positive growth</u>
Self-ownership
Knowledge & Learning
Understanding attachment
Parallel process
'Scientific' understanding of adoption

Super-ordinate Themes

Adoption difficulties

CHARLOTTE
Identity Confusion
Physical identity (Genealogical bewilderment)
Hiding/not fitting in
Lack of acceptance
Adoption Fantasies
People Pleasing
Struggle with acceptance (others/self)
Fear of rejection/abandonment
Low self-worth
Intimacy issues
Adopted as Baby
Visceral Pain
Survival
'Special' role
No voice/not heard
Searching & healing
Search for birth mother
Search for self
Controlling adoptive parents

Impact of Person-Centred Training

Charlotte
Core Conditions
Struggle with congruence – finding voice
Developing authenticity
UPR - Feeling heard and valued
Self-Development
Self-discovery
Freedom/liberated – permission to explore self
Identity development – authenticity
Permission to grieve/feel loss/anger
Extending social networks
Finding my voice
Aspects of training
Significance of sharing in a group
'Family' residential/assignments
PD group – found my voice
Influence of tutor – comments
Adoption literature – 'normal' & <u>validated</u>
<u>Safe/supportive environment</u>
Self-Awareness
People pleasing – no more
Awareness of grief/anger
Trusting and listening to self
Knowledge & Learning
Understanding attachment & trauma
Organismic self/fractured self/self-acceptance

Super-ordinate Themes

Adoption difficulties

ALISON
Identity Confusion
Religious identity (conflict with adoption)
Hiding/not fitting in
Lack of acceptance
Attracted to 'lostness' in others
Adoption Fantasies
People Pleasing
Struggle with acceptance (others/self)
Adopted as a baby
Felt sense
Survival mode
Fear of rejection/abandonment
Low self-worth
Religious rejection
'Special' role
No voice/not heard
Controlling adoptive parents
Experiencing strong emotions (+&-)
Fear of losing self-awareness
Attracted to lostness in others
Strength in adversity
Understanding pain

Impact of Person-Centred Training

ALISON
Core Conditions
Struggle with congruence – finding voice
Becoming authentic/true self
Gaining strength in being genuine & independent
UPR & empathy – for the first time
Self-Development
Self-discovery
Feeling free – permission to explore self
Identity development – authenticity
Finding my voice
Aspects of training
Significance of group work
Perception of others in understanding self
Influence of tutor – control/dominance
Adoption literature – validating
Safe/supportive environment
Placement – being authentic - freedom
Personal therapy
Self-Awareness
People pleasing
Realisation – I was lost
Relationships
Congruent/positive relationships with peers
Understanding relationship with parents
Reassuring – experience of others' pain
Positive Aspects
Helping and hearing those who are lost
Self-acceptance
Negative experiences = <u>positive growth</u>
Knowledge & Learning
Understanding attachment & trauma
Parallel process
Observing client's process
PC concepts – understanding self

Appendix 12

Identifying Common Themes Across Cases

Identifying Recurrent Themes

Super-ordinate Themes	Ruth	Charlotte	Alison
Adoption Difficulties			
Identity confusion	YES	YES	YES
Adoption fantasies	YES	YES	YES
Fear of rejection/abandonment	YES	YES	YES
The role of 'special'	YES	YES	YES
Adopted as a baby	YES	YES	YES
Attachment Issues	YES	YES	YES
Preverbal pain	YES	YES	YES
'Special'	YES	YES	YES
Different/Not fitting in	YES	YES	YES
Grief & Loss	YES	YES	YES
No voice/not heard	YES	YES	YES
People pleasing	YES	YES	YES
Impact of Person-Centred Training			
Struggle with congruence; finding my voice	YES	YES	YES
Becoming authentic; identity development	YES	YES	YES
Experiencing UPR – self-acceptance	YES	YES	YES
Self-discovery; permission to explore 'self'	YES	YES	YES
Knowledge & learning; attachment, trauma, grief & loss	YES	YES	YES
Increased self-awareness	YES	YES	YES
Significant aspects of training; group, literature, family, tutor influence	YES	YES	YES
Safe/supportive environment	YES	YES	YES
PCT terms; understanding 'self'	YES	YES	YES
Helping others	YES	YES	YES

Appendix 13

Copies of Participant Information Sheets



Research Study Inclusion Questionnaire

To establish that the criteria required for participation in the research study is being met, I would be grateful if you could take a few moments to answer this short questionnaire.

<i>Questions</i>	<i>Your Answers</i>
Participants must be over the age of 21. Are you over 21?	YES / NO (Please delete)
Are you a qualified Person-Centred counsellor? Please state your qualification and when it was obtained.	YES / NO (Please delete)
Were you adopted as a baby?	YES / NO (Please delete)
Do you feel sufficiently grounded to be able to talk safely about your experience?	YES / NO (Please delete)
Do you have regular clinical supervision?	YES / NO (Please delete)
Do you have access to a personal therapist?	YES / NO (Please delete)
Are you interested in taking part in the research and happy for me to contact you?	YES / NO (Please delete)

Name: _____

Contact email: _____ Mobile number: _____

Thank you very much for taking the time to complete the questionnaire. I will
contact you shortly.

Charlotte Hannah Parkes 1327305@chester.ac.uk

Participant Information Sheet

A qualitative exploration into the perceived impact of Person-Centred counsellor training on trainees who have been adopted.

Dear

Thank you for indicating that you are interested in taking part in this research. This Information Sheet will hopefully explain what is involved, but if you need further clarification, then please do not hesitate to contact me using the contact details below.

What is the purpose of the study?

This research is part of a MA in Clinical Counselling degree that I am undertaking at the University of Chester. I am interested in finding out about the experience of trainees who have undertaken Person-Centred counselling training and were also adopted as babies. I would be interested in exploring your view on, and experience of, this.

What are the inclusion criteria of the study?

Participants must be:

- Age 21+
- Adopted as a baby
- A qualified Person-Centred counsellor (to a minimum of diploma level).
- Able to reflect on their training experience.
- Self-defined as 'sufficiently grounded' in their experience to be able to talk about it without becoming distressed.
- Have regular clinical supervision and access to a personal counsellor.
- Fluent in the English language

What are the exclusion criteria of the study?

People excluded from participation in this research are those with whom I have an existing relationship: personal, professional or previous clients.

What will happen to me if I take part?

To enable this, if you decide to take part, I will arrange a time to interview you face-to-face at your convenience. Your written consent will be obtained through the enclosed consent form. The interview will be digitally recorded and last approximately an hour.

The interview will be semi-structured and focussed around the following questions:

- Can you tell me what you know about the circumstances of your adoption?

- How did being adopted impact you growing up?
- Can you tell me about your Person-Centred training?
- How did your training impact your understanding of yourself?
- How did being adopted impact upon your training?
- Did you focus on your adoption at any points during your training, if so please can you tell me about this?
- In what ways, if any, did your Person-Centred training change your understanding of yourself/being adopted?
- What else would you like to say regarding your Person-Centred training and being adopted?

Once the interview is complete, the digital recording will be transcribed. Your transcript will be allocated a pseudonym or code to protect your anonymity, and any identifying features in the data will be deleted. The transcript will be emailed to you to check for accuracy and to give you an opportunity to amend or change any of the data. Your final written consent will be obtained, allowing me to begin the process of analysis of the data.

Your right to withdraw without prejudice

You have every right to withdraw from the research at any time, without prejudice, up until the point that the dissertation has begun to be written up. I will let you know when that is. Once the writing-up has begun, it will not be possible to remove your data as it will be aggregated, making your data more difficult to identify.

What are the possible disadvantages and risks of taking part?

As adoption can be a difficult subject to explore, the interview could raise painful issues. It will therefore be conducted sensitively and, if needed, a break during the interview will be possible. You can also decide to terminate the interview if necessary. The inclusion criteria for this research asks that you be 'sufficiently grounded in your experience' and have access to a personal counsellor. Having these in place will hopefully minimise any difficulties you may experience. I can also provide you with details of local counsellors/counselling agencies, although this would be at your own expense.

What are the possible benefits of taking part?

The experience will give you time to reflect on, and to share your thoughts about your adoption and Person-Centred counselling training. This may contribute to something greater at research/policy level as well as increasing the knowledge and awareness of counsellors.

What if something goes wrong?

I will do everything within my ability to ensure your safety and confidentiality. However, if you are not happy with any aspect of the research process, please raise it with me. If you are still not happy, you may raise it with my Research Supervisor, Dr Rita Mintz, at the University of Chester: r.mintz@chester.ac.uk

If you are still unhappy with things, you may then raise it with the Dean of Faculty of Social Science, [who can be contacted at sps@chester.ac.uk](mailto:who.can.be contacted at sps@chester.ac.uk)

In the unlikely event that a participant is harmed by taking part in the research, there are no special compensation arrangements.

Will my taking part in the study be kept confidential, and how will my data be stored?

The fact that you are taking part in the research, and everything that you share, will remain confidential. In the unlikely event that Child Protection or other legal issues are raised, I may have to alert Social Services or Police, but otherwise, what you share will form part of the data which will be anonymised by use of a pseudonym or code. The data will be stored securely in locked premises and kept encrypted on a password protected computer. Only I, and my Research Supervisor, will have access to the data. The data will be destroyed (shredded or electronically deleted) after five years, in keeping with the data protection act.

What will happen to the results of the research study?

The completed research will be stored (bound and electronic) at the University of Chester and will be available for public access. Bound copies of the dissertation will be held after publication in the University of Chester's Department of Social and Political Science and will be available to students and staff. The dissertation may also be made available electronically through ChesterRep, the University's online research repository. The research may also be disseminated in future publications and at conferences.

Whom may I contact for further information?

I, the researcher, am: Charlotte Hannah Parkes

My contact details are: 1327305@chester.ac.uk

Additional information and support can also be found on the following websites:

www.mind.org.uk

www.samaritans.org

www.adoptionuk.org

www.afteradoption.org.uk

www.coramadoption.org.uk

<https://www.bacp.co.uk/search/Register>

<https://www.counselling-directory.org.uk>

Thank you for your interest in this research.

Consent Form

A qualitative exploration of the perceived impact of the self-development aspects of Person-Centred counsellor training on trainees who have been adopted.

Name of Researcher: Charlotte Hannah Parkes

Please initial box

- | | |
|--|--------------------------|
| 1. I have read and understood the participant information sheet and have had the chance to ask questions. | <input type="checkbox"/> |
| 2. I agree to the research conversation being audio recorded. | <input type="checkbox"/> |
| 3. I understand that my participation is voluntary and that I am free to withdraw at any time before the dissertation has begun to be written-up, without giving any reason. | <input type="checkbox"/> |
| 4. I understand that the data will be written up as part of a dissertation and I will not be identifiable in the dissertation. | <input type="checkbox"/> |
| 5. I agree to anonymous quotes from my interview being included in the dissertation. | <input type="checkbox"/> |
| 6. I am aware that research findings could be included in articles or presented at conferences. | <input type="checkbox"/> |
| 7. I agree to take part in this study. | <input type="checkbox"/> |

Name of Participant

Date

Signature

Charlotte Hannah Parkes

Researcher

Date

Signature

Appendix 14

Copies of Emails Sent to Participants

Initial Expression of Interest Email

1327305@chester.ac.uk

Date:

Dear

Thank you very much for expressing an interest in my research which I am completing as part of a MA in Clinical Counselling at the University of Chester.

I have attached an information sheet and inclusion questionnaire to this email which contains more detailed information about my research. Please read the information carefully and if you are still interested in participating, complete the questionnaire to confirm your eligibility to take part in the study.

If you are selected, I will arrange an interview with you at a convenient time and place.

Please don't hesitate to contact me if you have any further questions about my research.

Thank you for your time.

Kind regards

A handwritten signature in black ink, appearing to read 'C. Parkes' with a stylized flourish at the end.

Mrs C. Hannah Parkes

Not Eligible to Participate Email

1327305@chester.ac.uk

Date:

Dear

Thank you very much for taking the time to respond to my advert and complete the inclusion questionnaire. Unfortunately, on this occasion, you don't meet the inclusion criteria required for this research and are therefore not eligible to participant in the study.

Thank you for showing an interest in my research.

Kind regards

A handwritten signature in black ink, appearing to read 'C. Parkes' with a stylized flourish at the end.

Mrs C. Hannah Parkes

Arranging Interview Email

1327305@chester.ac.uk

Date:

Dear

Thank you very much for taking the time to respond to my advert and complete the inclusion questionnaire. I am pleased to inform you that you do meet the eligibility requirements for my research and I would like to arrange to conduct an interview with you at a day, time and location convenient to you.

The interview will need to be held in a neutral place where we can speak privately and without interruption, for example; an institution or a counselling room at your place of work. Please can you inform me if you know anywhere suitable?

Thank you once again for support with my research.

Kind regards

Mrs C. Hannah Parkes

Appendix 15

Reflexive Epilogue

“The beginning of love is the will to let those we love be perfectly themselves, the resolution not to twist them to fit our own image. If in loving them we do not love what they are, but only their potential likeness to ourselves, then we do not love them: we only love the reflection of ourselves we find in them” - Thomas Merton

This research was born from personal experience. Prior to my Person-Centred training, my adoption was not something I’d examined for any great length of time. It was only whilst researching an assignment in the second year that I stumbled across a book called *The Primal Wound* by Nancy Verrier and my life changed. This change has been a painful but an ultimately positive one. It was following this experience, reading the literature and thinking about the personal-development aims of Person-Centred training that a relationship between began to emerge; the difficulties associated with adoption and the qualities required to become a Person-Centred counsellor were direct opposites:

- A lack of self-acceptance for adoptees and a requirement for self-acceptance as a PC counsellor
- A fear of intimacy for adoptees and a requirement to work at relational depth in open and honest relationships for the PC counsellor
- A lack of self-awareness in adoptees and a need for self-awareness in PC counsellors
- A lack of honest expression in adoptees and the needs to be congruent in PC counselling
- ...and so on!

This relationship and reading the literature got me thinking about others in the same position as me and their experience, was it the same or different? This quote from Carl Rogers is the

foundation of this whole research and inspired me to find out more “what is most personal is most general” (Rogers, 1961, p. 26).

This research has been a valuable process for me. Meeting other adoptees for the first time and exploring their experience has felt overwhelmingly special (‘special’?!). Finding out about the participants’ backgrounds and experiences has been such a privilege. I only hope I have honoured their experiences.

During the initial stages of developing this research, I considered a heuristic research method. There was something about my own experience and its significance which I wanted to be a part of this research. However, as the research has progressed, I felt differently. The more immersed I became in the participants’ experiences, the less ‘I’ seemed significant and the more the participants’ words took over. During this research, there have been times where I have felt like the fourth ‘ghost’ participant but there is nothing that the participants haven’t said which I would want to add. The meaning is one, the meaning *is* what’s important, what *is* most personal *is* most general!

I have learned a lot whilst completing this research but two things in particular have stayed with me. Firstly, two of the participants had a Jewish background. This meant their religion was passed through their mother’s line and was therefore linked to biological heritage; for one this meant acceptance, for the other a second rejection. This was a new insight for me, something related to the biological heritage of the individual which adoption could not ignore. The impact upon the individual was significant.

The second surprise is related to the participants' relationship with their birth mother. This relationship is something which I don't have and which I am not fully comfortable with. I must admit, there is a longing inside me but for what, I'm not sure. All of the participants I interviewed had a positive relationship with their birth mother and, having explored the participants experiences, it seems as if this longing is not resolved through searching and forming this relationship; I assumed it would 'resolve' something. Although I had mixed feelings during the research, ultimately, I think the lack of resolution highlighted does bring me some resolution; I don't need to have a relationship with my birth mother. Maybe I have wrongly associated this longing inside and I need to explore it further.

I have benefitted massively from this research. Reading so much about adoption has not always been easy, especially when reading about the impact of trauma on a baby's brain, the increased suicide rate in adoptees and number of serial killers who were adopted. Although, I think these difficulties do highlight the real trauma associated with adoption and the need for this to be accepted and recognised more widely.